

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

07-15-2004 90003 015 ***158.75

DOCUMENT # P00000007424					
1. Entity Name CORPORATE INVESTIGATIVE SERVICES, INC.					
Principal Place of Business 127 MIRACLE STRIP PARKWAY SUITE N7 FORT WALTON BEACH, FL 32548			Mailing Address 127 MIRACLE STRIP PARKWAY SUITE N7 FORT WALTON BEACH, FL 32548		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07012004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3622957				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEA, ARDEN J 102 A MIRACLE STRIP PKWY SW FORT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name: <u>Michael Wm. Mend. PA</u> Street Address (P.O. Box Number is Not Acceptable): <u>24 Walter Martin Road S.W.</u> City: <u>Fort Walton Beach</u> FL Zip Code: <u>32548</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE: _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROOKS, MARION E 91 READY AVE. FT. WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P 127 MIRACLE STRIP PKWY Suite N7 Fort Walton Beach, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP BROOKS, JANICE F 91 READY AVE FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP 127 MIRACLE STRIP PKWY Suite N7 Fort Walton Beach, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			07/05/04 850-243-5604 Date Daytime Phone #		

Janice Foster Brooks

Attachment

66431286

**Corporate Investigative Services, Inc.
127 Miracle Strip Parkway, SW, Suite N-7
Fort Walton Beach, FL 32548-6614
850-243-5604**

July 5, 2004

**Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314-6198**

To Whom It May Concern:

**RE: Corporate Investigative Services, Inc.
Document #P00000007424**

Enclosed please find our corporate registration form with a check for \$158.75 attached (for the registration fee and certificate of status fee). We did not receive the original notice of registration and request that the late fee be waived as this was not an intentional oversight on our part. Thank you for your consideration and efforts on our behalf.

Sincerely,



**Janice Foster Brooks
Senior Vice President**