


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90033 004 ***150.00

DOCUMENT # P0000068505 1. Entity Name SECURITY & INVESTIGATIONS GROUP, INC.	
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Principal Place of Business 2639 DR. M.L. KING JR. BLVD. N. ST. PETERSBURG, FL 33704	Mailing Address 2639 DR M L KING JR ST N ST PETERSBURG, FL 33704
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44008747



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0786839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENNINGTON, EUGENE L
 2639 DR. M.L. KING JR. BLVD. N.
 ST. PETERSBURG, FL 33704

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

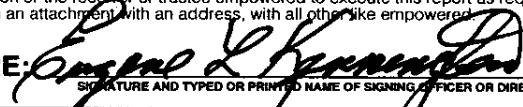
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNINGTON, LILLIAN E 2639 DR. M.L. KING JR. BLVD. N. ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENNINGTON, EUGENE L 2639 DR. M.L. KING JR. BLVD. N. ST. PETERSBURG, FL 33704
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DO NOT WRITE IN THIS SPACE

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:  DATE: 1-30-04 DAYTIME PHONE #: 727 896 7543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR