

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 28, 2004 8:00 am**  
**Secretary of State**

09-28-2004 90001 033 \*\*\*158.75

DOCUMENT # P00000079997

1. Entity Name  
PREFERRED INVESTIGATIONS, INC.



Principal Place of Business  
8211 WEST BROWARD BOULEVARD  
SUITE 230-B  
PLANTATION, FL 33324 US

Mailing Address  
8211 WEST BROWARD BOULEVARD  
SUITE 230-B  
PLANTATION, FL 33324 US

54073537



2. Principal Place of Business  
817 S. University Dr.

3. Mailing Address  
817 S. University Dr.

Suite, Apt. #, etc.  
Suite 100

Suite, Apt. #, etc.  
Suite 100

City & State  
Plantation, FL

City & State  
Plantation, FL

Zip  
33324

Country  
US

Zip  
33324

Country  
US

09242004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-1095559

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATES, DOUGLAS L  
8211 WEST BROWARD BOULEVARD  
SUITE 230  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name Douglas BATES  
Street Address (P.O. Box Number is Not Acceptable)  
817 S. University Dr.  
Suite 100  
City Plantation FL Zip Code 33324

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 *Douglas L Bates*  
Signature typed or printed name of registered agent and title if applicable

*Douglas L. BATES*  
(NOTE: Registered Agent signature required when reinstating)

9/24/04  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BATES, RICHARD A  
STREET ADDRESS 8211 WEST BROWARD BOULEVARD, SUITE 230-B  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE VD ☐ Delete  
NAME BATES, PATRICIA A  
STREET ADDRESS 8211 WEST BROWARD BOULEVARD, SUITE 230-B  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 817 S. University Dr., Suite 100  
CITY-ST-ZIP Plantation, FL 33324

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 817 S. University Dr., Suite 100  
CITY-ST-ZIP Plantation, FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Richard A. Bates*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/04 954-370-7878  
Date Daytime Phone #