

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90050 013 ***158.75

DOCUMENT # P00000099655

1. Entity Name
CYBER DETECTIVE, INC.



Principal Place of Business
**1392 SOUTH WOODLAND BLVD.
DELAND, FL 32720**

Mailing Address
**1392 SOUTH WOODLAND BLVD.
DELAND, FL 32720**

50004788



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3685808

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STANLEY, DEBORAH J
1392 SOUTH WOODLAND BLVD.
DELAND, FL 32720**

7. Name and Address of New Registered Agent

Name

Scott Adams

Street Address (P.O. Box Number is Not Acceptable)

1392 S. Woodland Blvd

City

DELAND

FL

Zip Code

32720

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

Scott Adams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/18/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STANLEY, DEBORAH J	
STREET ADDRESS	909 MCGREGOR RD	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	V	<input type="checkbox"/> Delete
NAME	STANLEY, JOHN	
STREET ADDRESS	909 MCGREGOR RD	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	COO	<input type="checkbox"/> Delete
NAME	ADAMS, SCOTT	
STREET ADDRESS	303 REEVES STREET	
CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1392 S. Woodland Blvd	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1392 S. Woodland Blvd	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Adams	
STREET ADDRESS	1392 S. Woodland Blvd	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Scott Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05

Date

**386-736-
3881 x 403**

Daytime Phone #