## 2004 FOR PROFIT CORPORATION FANNUAL REPORT

## Apr 30, 2004 08:00 AM Secretary of State **DOCUMENT # P01000024419** ALL PRO INVESTIGATIONS, INC. Mailing Address Principal Place of Business 3689 AVALON BLVD. 3689 AVALON BLVD. MILTON, FL 32583 MILTON, FL 32583 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02122004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3701890 Not Applicable Country \$8.75 Additional Zφ Country ZID 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHIVER, RANDAL Street Address (P.O. Box Number is Not Acceptable) 6675 BLACKWATER CIR. MILTON, FL 32583 City Zip Code FL 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 reciptored agent and title if applicable (NOTE Regulatered Agent signature required when reinstating) DAIE . 9. Election Campaign Financing \$5,00 May 8e FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES FO PHE COPA THIS PRESTORS IN 10. 11. 31713 ☐ Delete TITLE SHIVER, RANDAL L NAME MANE 6675 BLACKWATER CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON, FL 32583 City-St-7IP ☐ Change ☐ Addition Defece TITLE Dist NAME U00000143128 04/30/04-80080-006 150.00 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE Tellet HAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CHY-ST-ZF Detele Chance: Addition IIII HHLE. NAME NAME STREET ADDRESS STHEET ADDRESS U17-51-2P CITY-ST-ZIP ☐ Change Addition ☐ Delete DILE THE MAME NAME STREET ADDRESS STREET ADDRESS UNY-ST-ZIP CHY-ST-ZIP ☐ Change Addition ☐ Delete TITLE mer NAME SILLES

12. Thereby 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 a statischment with an address, withsall other like empowered.

STREET ADDRESS

COY-ST-ZIP

SIGNATURE: XR. ADR XIIIA RANDAL L. SHIVER X4/3

ME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

× 4/36/34 × 850 636 983

**FILED**