

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000093079

1. Entity Name
FLORIDA INVESTIGATIVE SERVICES, INC.



FILED

04 APR 16 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2465 ARVAH BRANCH BLVD.
TALLAHASSEE, FL 32309

Mailing Address
2465 ARVAH BRANCH BLVD.
TALLAHASSEE, FL 32309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3750513

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEEK, TERRY
2465 ARVAH BRANCH BLVD.
TALLAHASSEE, FL 32309

Name

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

City

FL

Zip Code

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 \$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 PT ☐ Delete
NAME MEEK, TERRY
STREET ADDRESS 2465 ARVAH BRANCH BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE VP ☒ Delete
NAME TIPPETT, ROBERT G
STREET ADDRESS 2465 ARVAH CEANCH BLVD
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE S ☐ Delete
NAME MEEK, BARBARA L
STREET ADDRESS 2465 ARVAH BRANCH BLVD
CITY-ST-ZIP TALLAHASSEE, FL 32309

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 900033723089
CITY-ST-ZIP 04/23/04--01023--006 **150.00

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

TITLE VP, S ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

850 671 3101

Date

Daytime Phone #

sk