

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027011

FILED
May 04, 2005
Secretary of State

Entity Name: INDEPENDENT FACT FINDERS, INC.

Current Principal Place of Business:

8910 N. DALE MABRY HWY SUITE 31
SUITE 31
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

8910 N. DALE MABRY HWY SUITE 31
TAMPA, FL 33614

New Mailing Address:

8910 N. DALE MABRY HWY SUITE 27
TAMPA, FL 33614

FEI Number: 61-1408332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALISH, WILLIAM
100 S ASHLEY DRIVE SUITE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, HUGH N
Address: 455 N INDIAN ROCKS RD SUITE A
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: D () Delete
Name: FRATES, WILLIAM S II
Address: 101 E KENNEDY BLVD SUITE 1800
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: LECAVALIER, BARRY
Address: 8910 N DALE MABRY HWY SUITE 31
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY LECAVALIER

D

05/04/2005

Electronic Signature of Signing Officer or Director

Date