

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027011

FILED  
Mar 22, 2006  
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:

8910 N. DALE MABRY HWY SUITE 27  
SUITE 31  
TAMPA, FL 33614

## Current Mailing Address:

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

## New Mailing Address:

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

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 (X) 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: D (X) Change ( ) Addition  
Name: LECAVALIER, BARRY  
Address: 8910 N DALE MABRY HWY SUITE 27  
City-St-Zip: TAMPA, FL 33614

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 Chapter 119, 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

03/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date