

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000079456**

1. Entity Name  
**GREAT WEST INVESTIGATION, INC.**



Principal Place of Business

**1583 E. SILVER STAR RD., #261  
OCOOE, FL 34761**

Mailing Address

**1583 E. SILVER STAR RD., #261  
OCOOE, FL 34761**

**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number

**01-0718279**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761**

**DO NOT WRITE  
IN THIS SPACE**

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 of the individual or legal entity and the face name

NOTE: Registered Agent signature is not required.

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**

**1000000127867  
04/26/04-800008-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**P  
GRIFFIN, NILS  
1583 E. SILVER STAR RD., #261  
OCOOE, FL 34761**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**VS  
STINSON, KIRA L  
1583 E SILVER STAR RD #261  
OCOOE, FL 34761**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**D  
STINSON, ANTHONY T  
1583 E SILVER STAR #261  
OCOOE, FL 34761**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 another like empowered.

**SIGNATURE:**

*Kira L. Stinson* **Kira L. Stinson** **4/19/04** **407-656-9847**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE