

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000013298

1. Entity Name
**WELLINGTON FINANCIAL INVESTIGATIVE SERVICES,
INC.**



Principal Place of Business

**2163 HENLEY PL
WELLINGTON, FL 33414**

Mailing Address

**P.O. BOX 71
LOXAHATCHEE, FL 33470-0071**



03132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0596995	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HURME, KLAUS
2163 HENLEY PL
WELLINGTON, FL 33414**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HURME, KLAUS
STREET ADDRESS	2163 HENLEY PL
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

UD0000290793
04/07/05-80004-004 150.00

**DO NOT WRITE
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)(f), 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

4/4/05 561-644-2927

Date

Daytime Phone #