

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

9/12/2005-90003-038-\$150.00-\$150.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 12 AM 11:10

DOCUMENT # P03000061953

1. Entity Name
TRACKER INVESTIGATIONS, INC.



Principal Place of Business
P.O. BOX 172
MORRISTON, FL 32668

Mailing Address
P.O. BOX 172
MORRISTON, FL 32668

DO NOT WRITE IN THIS SPACE



08162005 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0834763

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**KIMBALL, KIM
18271 S.E. 11TH PLACE
WILLISTON, FL 32696**

**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 fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | PD |
| NAME | KIMBALL, KIM |
| STREET ADDRESS | P.O. BOX 172 |
| CITY-ST-ZIP | MORRISTON, FL 32668 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| 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)(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

10/4/05

Date

Daytime Phone #