

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 SEP 18 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



07192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

55-0834763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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	

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CITY-ST-ZIP	

400079998044
09/20/06--01040--005 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

7/19/06 (352)
318-5800

Daytime Phone #

9/18
aw