# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Mar 24, 2009**
**Secretary of State**

DOCUMENT# P03000065672

**Entity Name:** LONE WOLF INVESTIGATION AND SECURITY SERVICES, INC.

**Current Principal Place of Business:**

2917 WAKULLA AVE
PANAMA CITY, FL 32404

**New Principal Place of Business:**

728 SHEFFIELD AVE.
PANAMA CITY, FL 32401 US

**Current Mailing Address:**

2917 WAKULLA AVE
PANAMA CITY, FL 32404

**New Mailing Address:**

P.O. BOX 30046
PANAMA CITY, FL 32401 US

**FEI Number: 83-0362639** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRANNON, IGNATIUS D
2917 WAKULLA AVE
PANAMA CITY, FL 32404 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

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete
Name: BRANNON, IGNATIUS D
Address: 2917 WAKULLA AVE
City-St-Zip: PANAMA CITY, FL 32404

Title: VPD ( ) Delete
Name: BRANNON, IGNATIUS
Address: 2917 WAKULLA AVE
City-St-Zip: PANAMA CITY, FL 32404

Title: SD ( ) Delete
Name: BRANNON, IGNATIUS
Address: 2917 WAKULLA AVE
City-St-Zip: PANAMA CITY, FL 32404

Title: TR ( ) Delete
Name: BRANNON, IGNATIUS D
Address: 2917 WAKULLA AVE
City-St-Zip: PANAMA CITY, FL 32404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition
Name: BRANNON, IGNATIUS D
Address: 2917 WAKULLA AVE
City-St-Zip: PANAMA CITY, FL 32404 US

Title: VPD (X) Change ( ) Addition
Name: FITZGERALD, HENRY F
Address: 728 SHEFFIELD AVE.
City-St-Zip: PANAMA CITY, FL 32401 US

Title: SD (X) Change ( ) Addition
Name: FITZGERALD, HENRY F
Address: 728 SHEFFIELD AVE.
City-St-Zip: PANAMA CITY, FL 32401 US

Title: TR (X) Change ( ) Addition
Name: BRANNON, IGNATIUS D
Address: 2917 WAKULLA AVE
City-St-Zip: PANAMA CITY, FL 32404 US

I hereby certify that the information supplied with this filing does not qualify 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: HENRY F FITZGERALD VPD 03/24/2009
Electronic Signature of Signing Officer or Director Date