

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000133365

FILED
Apr 15, 2004
Secretary of State

Entity Name: SHADOW INVESTIGATIVE SERVICES, INC.

Current Principal Place of Business:

166 LAKESIDE DRIVE
SANFORD, FL 32773

New Principal Place of Business:

101 N. COUNTRY CLUB RD
SUITE 216
LAKE MARY, FL 32746

Current Mailing Address:

P O BOX 953185
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 57-1172385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEWHOUSE, NOAH A
1523 S PINERIDGE CIRCLE
SANFORD, FL 32773 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SERRAES, JOSPEH A
Address: 166 LAKESIDE DRIVE
City-St-Zip: SANFORD, FL 32773

Title: VD () Delete
Name: NEWHOUSE, NOAH A
Address: 1523 S PINERIDGE CIR
City-St-Zip: SANFORD, FL 32773

Title: SD () Delete
Name: BRIER, DAVID L
Address: 1023 LONG BRANCH LN
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SERRAES, JOSEPH A
Address: 166 LAKESIDE DRIVE
City-St-Zip: SANFORD, FL 32773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH A. SERRAES

PD

04/15/2004

Electronic Signature of Signing Officer or Director

Date