

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045178

FILED
Feb 05, 2009
Secretary of State

Entity Name: HIGH TECH CRIME INSTITUTE INCORPORATED

Current Principal Place of Business:

13400 WRIGHT CIRCLE
TAMPA, FL 33626

New Principal Place of Business:

13400 WRIGHT CIRCLE
TAMPA, FL 33626 US

Current Mailing Address:

13400 WRIGHT CIRCLE
TAMPA, FL 33626

New Mailing Address:

13400 WRIGHT CIRCLE
TAMPA, FL 33626 US

FEI Number: 20-2486855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLER, SAMUEL J
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

HELLER, SAMUEL J ESQ.
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 US

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: SAMUEL J. HELLER, ESQ.

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEARSON, STEPHEN F
Address: 13400 WRIGHT CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: ESKRIDGE, THOMAS J
Address: 13400 WRIGHT CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: S () Delete
Name: GLOGOWSKI, STACEY A
Address: 13400 WRIGHT CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEARSON, STEPHEN F
Address: 13400 WRIGHT CIRCLE
City-St-Zip: TAMPA, FL 33626

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

Title: TD (X) Change () Addition
Name: GLOGOWSKI, STACEY A
Address: 13400 WRIGHT CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: S () Change (X) Addition
Name: SAYERS, AMANDA
Address: 13400 WRIGHT CIRCLE
City-St-Zip: TAMPA, FL 33626 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: STEPHEN PEARSON

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date