

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062694

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: CONFIDENTIAL INVESTIGATIVE SERVICE, INC

## Current Principal Place of Business:

806 WESTWIND LANE  
FERN PARK, FL 32730

## New Principal Place of Business:

1417 N. SEMORAN BLVD  
SUITE 207  
ORLANDO, FL 32807

## Current Mailing Address:

P.O. BOX 300982  
FERN PARK, FL 32730

## New Mailing Address:

1417 N. SEMORAN BLVD  
SUITE 207  
ORLANDO, FL 32807

FEI Number: 20-2831285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JENKINS, ROBERT M  
806 WESTWIND LANE  
FERN PARK, FL 32730 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: P ( ) Delete  
Name: JENKINS, ROBERT M  
Address: 806 WESTWIND LANE  
City-St-Zip: FERN PARK, FL 32730

Title: VP ( ) Delete  
Name: JENKINS, ROBERT M  
Address: 806 WESTWIND LANE  
City-St-Zip: FERN PARK, FL 32730

Title: SECT (X) Delete  
Name: JENKINS, ROBERT M  
Address: 806 WESTWIND LANE  
City-St-Zip: FERN PARK, FL 32730

Title: DIR (X) Delete  
Name: JENKINS, ROBERT M  
Address: 806 WESTWIND LANE  
City-St-Zip: FERN PARK, FL 32730

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JENKINS, ROBERT M  
Address: 1417 N. SEMORAN BLVD, #207  
City-St-Zip: ORLANDO, FL 32807

Title: VP (X) Change ( ) Addition  
Name: JONES, WILLIAM S  
Address: 1417 N. SEMORAN BLVD, #207  
City-St-Zip: ORLANDO, FL 32807

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 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: ROBERT JENKINS

P

01/11/2008

Electronic Signature of Signing Officer or Director

Date