

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90015 037 ***150.00

DOCUMENT # P05000161230					
1. Entity Name GLOBAL DETECTIVE AGENCY, INC.					
Principal Place of Business 5711 RICHARDS ST. SUITE #4 JACKSONVILLE, FL 32216			Mailing Address 5711 RICHARDS ST. SUITE #4 JACKSONVILLE, FL 32216		
2. Principal Place of Business - No P.O. Box # 1700 Woodlawn Rd., Lot 6		3. Mailing Address 1700 Woodlawn Rd., Lot 6			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Augustine, FL		City & State St. Augustine, FL		4. FEI Number 20-3919883	
Zip 32084		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip 32084		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANDERS, THOMAS H 1700 WOODLAWN RD. LOT #6 ST AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DART, STEVEN R 118 TORTUGA LN PONTE VEDRA, FL 32082	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LANDERS, THOMAS H 1700 WOODLAWN RD., LOT 6 ST AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DART, STEVEN R 118 TORTUGA LN PONTE VEDRA, FL 32082	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LANDERS, THOMAS H 1700 WOODLAWN RD. LOT 6 ST AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/V/T/S Landers, Thomas H. 1700 Woodlawn Rd., Lot 6 St. Augustine, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DART, STEVEN R 118 TORTUGA LN PONTE VEDRA, FL 32082	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LANDERS, THOMAS H 1700 WOODLAWN RD. LOT 6 ST AUGUSTINE, FL 32084	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DART, STEVEN R 118 TORTUGA LN PONTE VEDRA, FL 32082	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LANDERS, THOMAS H 1700 WOODLAWN RD. LOT 6 ST AUGUSTINE, FL 32084	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Thomas H. Landers</u> THOMAS H. LANDERS, PRES				1-20-07 904-814 2462	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	