

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026127

FILED
Apr 08, 2009
Secretary of State

Entity Name: ALLCLEAR INVESTIGATIONS, INC.

Current Principal Place of Business:

8421 S. ORANGE BLOSSOM TRAIL
SUITE 256
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

8421 S. ORANGE BLOSSOM TRAIL
SUITE 256
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 26-2184036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, GORDON M
8421 S. ORANGE BLOSSOM TRAIL
SUITE 256
ORLANDO, FL 32809 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, T () Delete
Name: ADKINS, GORDON M
Address: 8421 S. ORANGE BLOSSOM TRAIL, STE 256
City-St-Zip: ORLANDO, FL 32809 FL

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADKINS, GORDON M
Address: 8421 S. ORANGE BLOSSOM TRAIL, STE 256
City-St-Zip: ORLANDO, FL 32809 FL

Title: T () Change (X) Addition
Name: ADKINS, GORDON M
Address: 8421 S. ORANGE BLOSSOM TRAIL, STE 256
City-St-Zip: ORLANDO, FL 32809

Title: S () Change (X) Addition
Name: PORTER, MATTHEW R
Address: 8421 S. ORANGE BLOSSOM TRAIL, STE 256
City-St-Zip: ORLANDO, FL 32809

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: GORDON M ADKINS

P

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date