

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000051310

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** BLUE RIBBON INVESTIGATIVE INSTITUTE, INC

**Current Principal Place of Business:**

22050 NORTH HIGHWAY 441  
MCINTOSH, FL 32667

**New Principal Place of Business:**

22050 NORTH HIGHWAY 441  
MCINTOSH/MICANOPY, FL 32667

**Current Mailing Address:**

22050 NORTH HIGHWAY 441  
MCINTOSH, FL 32667

**New Mailing Address:**

22050 NORTH HIGHWAY 441  
MCINTOSH/MICANOPY, FL 32667

**FEI Number:** 26-4062088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YODICE, PATRICIA  
22050 N. HWY 441  
MCINTOSH, FL 32667 US

**Name and Address of New Registered Agent:**

YODICE, PATRICIA  
22050 N. HWY 441  
MCINTOSH/MICANOPY, FL 32667 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: PATRICIA A. YODICE

02/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: YODICE, PATRICIA  
Address: 22051 N. HWY 441  
City-St-Zip: MCINTOCH, FL 32667

Title: VP  
Name: COLLINS, CHERYL  
Address: 22050N. HWY 441  
City-St-Zip: MCINTOCH, FL 32667

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA YODICE

P

02/25/2011

Electronic Signature of Signing Officer or Director

Date