

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000011387

1. Entity Name  
SOBECK INVESTIGATIONS UNLIMITED, INC.



Principal Place of Business  
513 U.S. HIGHWAY 1  
STE. 110  
NORTH PALM BEACH, FL 33408

Mailing Address  
PO BOX 14365  
NORTH PALM BEACH, FL 33408 US



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0384921

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BUSO, JOHN N ESQ  
1645 PALM BEACH LAKES BLVD  
SUITE 500  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SOBECK, FREDERICK J
STREET ADDRESS	513 US HWY 1, SUITE 110
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	STD
NAME	SOBECK, JULIE A
STREET ADDRESS	513 US WAY 1., STE. 110
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

0000001146111  
04/30/2004-80050-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frederick J. Sobek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2004 5618408407  
Date Daytime Phone #