

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000012485

FILED
Mar 31, 2005
Secretary of State

Entity Name: INVESTIGATING & RESEARCH DATA, INC.

Current Principal Place of Business:

BOX 1361 N AVE
BOX 1361
MORE HAVEN, FL 33471 US

New Principal Place of Business:

840 NORTH AVE. S.W.
MORE HAVEN, FL 33471 US

Current Mailing Address:

BOX 1361 NORTH AVE
BOX 1361
MOORE HAVEN, FL 33471 US

New Mailing Address:

840 NORTH AVE. S.W.
MOORE HAVEN, FL 33471 US

FEI Number: 65-0419461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYKES, WILLIAM J
820 NORTH AVE. SW.
MOORE HAVEN, FL 33471 US

Name and Address of New Registered Agent:

SYKES, WILLIAM J
840 NORTH AVE. SW.
MOORE HAVEN, FL 33471 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: WILLIAM SYKES

03/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SYKES, WILLIAM J
Address: BOX 1361 8 NORTH AVE
City-St-Zip: MOORE HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SYKES, WILLIAM J
Address: 840 NORTH AVE. S.W.
City-St-Zip: MOORE HAVEN, FL 33471

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM SYKES

CEO

03/31/2005

Electronic Signature of Signing Officer or Director

Date