


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90030 035 ***150.00

DOCUMENT # P95000060516

1. Entity Name
COMPETITIVE INTELLIGENCE SERVICES, INC.



Principal Place of Business Mailing Address

6115 10TH AVE NW **6115 10TH AVE NW**
NAPLES, FL 34119 US **NAPLES, FL 34119 US**



2. Principal Place of Business 3. Mailing Address

6115 English Oaks Lane **6115 English Oaks Lane**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02252004 Chg-P CR2E034 (10/03)

City & State City & State

Naples, FL **Naples, FL**

Zip Country Zip Country

34119 **USA** **34119** **USA**

4. FEI Number Applied For

13-3845894 Not Applicable

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

6. Name and Address of Current Registered Agent

TRULLINGER, JAMES W.
6115 10TH AVE NW
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name: **Trullinger, James W.**
 Street Address (P.O. Box Number is Not Acceptable): **6115 English Oaks Lane**
 City: **Naples** State: **FL** Zip Code: **34119**

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: *[Signature]* **James W. Trullinger, Pres.** **2/25/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	TRULLINGER, JAMES W.	6115 10TH AVE NW	NAPLES, FL 34119	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	TRULLINGER, JAMES W.	6115 English Oaks Lane	Naples, FL 34119	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* **James W. Trullinger** **2/25/04** **239-591-0305**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #