2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 05, 2004 8:00 am Secretary of State

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1. Entity Name

DAKOTA INVESTIGATIONS INC.



Principal Place of Business

Mailing Address

10 CENTRAL PARKWAY #200 STUART, FL 34994

 10 CENTRAL PARKWAY #200 STUART, FL 34994

02062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0653709

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

54025751

6. Name and Address of Current Registered Agent

GORDON, TROY 10 CENTRAL PARKWAY #200 STUART, FL 34994

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	named entity submits this statement for the plants of registered agent.	ourpose of changing its registered	office or r	egistered agent, or both,	in the State of Florida. I am familiar with, and accept					
SIGNATURE.										
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE									
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS		Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela						
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TITLE NAME		***************************************								

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 dissee 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: A

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TROY GORDON

4/1/04 172 200-130E

Daytime Phone