


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000027665 1. Entity Name PROBE INVESTIGATIONS, INC.	
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Principal Place of Business 133 GROVEWOOD AVE. SANFORD, FL 32773	Mailing Address 133 GROVEWOOD AVE. SANFORD, FL 32773
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DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3478792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HANNAN, STEPHEN 133 GROVEWOOD AVE. SANFORD, FL 32773

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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 <u>Stephen Hannan</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>3/18/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HANNAN, STEPHEN 133 GROVEWOOD AVE. SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANNAN, SANDRA 133 GROVEWOOD AVE. SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HANNAN, DONALD 133 GROVEWOOD AVE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/04-80076-002 150.00

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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)(f), 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: <u>STEPHEN HANNAN</u> <u>Stephen Hannan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>3/18/04</u> DAYTIME PHONE # <u>407-330-2727</u>