

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000059376

1. Entity Name
CRIMINAL SEXUALITY INVESTIGATION, INC.



Principal Place of Business
**1225 AMBRA DRIVE
MELBOURNE, FL 32940-675 8**

Mailing Address
**1225 AMBRA DRIVE
MELBOURNE, FL 32940-675 8**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3457687

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POWERS, JAMES R
1225 AMBRA DRIVE
MELBOURNE, FL 32940-675**

**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

James R. Powers

James R. Powers

(NOTE: Registered Agent signature required when reinstating)

April 20, 2005

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000323942
04/22/05-80067-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POWERS, JAMES R
STREET ADDRESS	1225 AMBRA DR
CITY - ST - ZIP	MELBOURNE, FL 32940
TITLE	ST
NAME	POWERS, PHYLLIS T
STREET ADDRESS	1225 AMBRA DR
CITY - ST - ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

Phyllis T. Powers

Phyllis T. Powers

20 April 2005 321/254-6489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #