

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090389

**FILED**  
**Jan 05, 2005**  
**Secretary of State**

**Entity Name:** TOTAL INVESTIGATIONS INC.

**Current Principal Place of Business:**

465 FT SMITH BLVD  
DELTONA, FL 32738

**New Principal Place of Business:**

701 INDUSTRY RD  
STE #4  
LONGWOOD, FL 32750

**Current Mailing Address:**

PO BOX 175  
SANFORD, FL 327720175

**New Mailing Address:**

**FEI Number:** 59-3538773      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

APPEL, GRANT C III  
701 INDUSTRY DR., STE 4  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEOP ( ) Delete  
Name: APPEL, GRANT III  
Address: 465 FT SMITH BLVD  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEOP (X) Change ( ) Addition  
Name: APPEL, GRANT C III  
Address: 701 INDUSTRY RD  
City-St-Zip: LONGWOOD, FL 32750

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: GRANT C APPEL III

CEOP

01/05/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date