

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P98000094298

1. Entity Name  
EXECUTIVE SECURITY & INVESTIGATION SERVICES,  
INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 MAY 25 AM 8:01

Principal Place of Business  
3100 CHALFONT LANE  
TALLAHASSEE, FL 32303

Mailing Address  
3100 CHALFONT LANE  
TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE



05062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3558694

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MCLEOD, CLINTON E  
1353 EAST LAFAYETTE STREET, SUITE B  
TALLAHASSEE, FL 32301

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

600037669406

06/04/04--01055--008 \*\*150.00

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME GLENN, JAMES  
STREET ADDRESS 3100 CHALFONT LANE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 MAY 2004

Date

850-570-4218

Daytime Phone #