

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P98000094298**

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



**FILED**  
05 APR 29 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3100 CHALFONT LANE  
TALLAHASSEE, FL 32303**

Mailing Address  
**3100 CHALFONT LANE  
TALLAHASSEE, FL 32303**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



04272005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3558604 32-0147514**

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**

7. Name and Address of New Registered Agent  
Name **Altamease Cozart**  
Street Address (P.O. Box Number is Not Acceptable)  
**2705 Allen Rd**  
City **Tallahassee** FL Zip Code **32312**

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 **Altamease Cozart** DATE **4-29-05**  
(NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GLENN, JAMES 3100 CHALFONT LANE TALLAHASSEE, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800054205698</b> <b>05/10/05--01040--016 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **James Glenn** DATE **27 APRIL 2005** 850-510-4218  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR