

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90188 002 ***150.00

44047549



DOCUMENT # P99000031333					
1. Entity Name LOCATOR INVESTIGATIONS & PROCESS SERVICE, INC.					
Principal Place of Business 172 WEST LAUREL DRIVE MARGATE, FL 33063			Mailing Address PO BOX 934427 MARGATE, FL 33063		
2. Principal Place of Business		3. Mailing Address 172 West Laurel Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Margate, FL		4. FEI Number 65-0913856	
Zip 33063		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETTER, SHELDON 172 WEST LAUREL DRIVE MARGATE, FL 33063			7. Name and Address of New Registered Agent Name Sheldon ETTER Street Address (P.O. Box Number is Not Acceptable) 172 West Laurel Drive City Margate FL Zip Code 33063		
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 (NOTE: Registered Agent signature required when reinstating) 7/1/04 Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD ETTER, SHELDON 172 WEST LAUREL DRIVE MARGATE, FL 33063	<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"/> Change <input type="checkbox"/> Addition			
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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"/> 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:			Date 7/1/04 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment

M A S
PO BOX 771210

Coral Springs, Fl. 33077-1210

954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

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07/02/04

Florida Department of State
PO BOX 6327
Tallahassee, Fl. 32314

Re: Locator Investigations & Process Service, Inc.
Doc # P99000031333

To Whom It May Concern:

We are enclosing an original signed copy of the application for the corporate annual renewal for our client, Locator Investigations & Process Service, Inc.

We are providing a check for the annual fee, however, we have not included the penalty as the client did not receive the postcard sent to companies to file the renewal due to a change in address. The original forwarding had expired.

The client then received a notice, advising of intent to dissolve. They then asked our assistance to complete the form and file it on his behalf.

Therefore we are requesting reinstatement on behalf of Locator Investigations & Process Service, Inc. based on not having received his 2004 Uniform business report due to a change of address.

The client has been made aware of the filing deadline for future years.

Should you have any questions, please contact my office.

Thank you,
Sincerely,

David Hernandez