


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2005 8:00 am
Secretary of State

09-14-2005 90002 024 ***150.00

DOCUMENT # P99000031333	
1. Entity Name LOCATOR INVESTIGATIONS & PROCESS SERVICE, INC.	

Principal Place of Business 172 WEST LAUREL DRIVE MARGATE, FL 33063	Mailing Address 172 WEST LAUREL DRIVE MARGATE, FL 33063
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50066777



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09062005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0913856	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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) DATE **9-6-05**

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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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"/> 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
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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **9-6-05** Daytime Phone #

ATTACHMENT

50066777

MARKROB ACCOUNTING SERVICE, INC.

PO BOX 771210

CORAL SPRINGS, FL. 33077-1210

954.346.7288-BROWARD 954.346.7217-FAX

954.434.5996-S.BROWARD 305.621.9382-DADE

09/07/05

Florida Dept of State
Annual Reports Filings
Division of Corporations
PO BOX 6327
Tallahassee, Fl. 32314

Re: Corporate Renewals

Locator Investigations & Process Service, Inc.
P99000031333

To Whom It May Concern:

We are requesting acceptance of the enclosed filing for the 2005 Uniform Business report for our client Locator Investigations & Process Service, Inc.

While in our office we determined the client had not filed his 2005 corporate renewal, the client advised us that he had not received any notification from the state and could we assist him with the renewal.

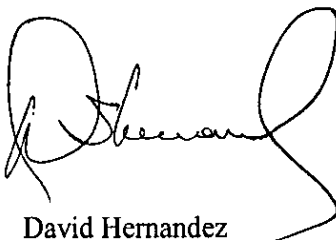
We therefore printed a new UBR report and determined that under FS 607.193(2)(b), since the client had not received notification the penalty can be waived.

We therefore request acceptance of the 2005 UBR as filed and to waive any penalty as they had not received notification.

The client has been made aware of the requirements for future filings.

Should you have any questions, please feel free to contact the client.

Thank you,
Sincerely,



David Hernandez