

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90144 001 ***300.00

DOCUMENT # P99000046918

1. Entity Name
RICHARDSON DETECTIVE AGENCY, INC.



Principal Place of Business
4036 EDISON AVE.
FORT MYERS, FL 33916

Mailing Address
4036 EDISON AVE.
FORT MYERS, FL 33916

66002520



2. Principal Place of Business
4028 EDISON AVE

3. Mailing Address
PO BOX 7875

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005 Chg-P CR2E034 (10/03)

City & State
FT. MYERS FL

City & State
FT. MYERS FL

4. FEI Number
65-0924016

Applied For
Not Applicable

Zip
33916

Country
USA

Zip
33911

Country
USA

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

6. Name and Address of Current Registered Agent

GLOVER, WILLIAM P II
4036 EDISON AVE.
FORT MYERS, FL 33916

7. Name and Address of New Registered Agent

Name
Glover, William P II

Street Address (P.O. Box Number is Not Acceptable)

40288 EDISON AVE

City
FT. MYERS

FL

Zip Code
33916

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GLOVER, WILLIAM P II
172 DOW LANE
NO. FT. MYERS, FL 33917 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GLOVER, DAVID J
1507 BRAEBURN ST.
FT. MYERS, FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WELCH, CHRISTINA
1507 N.W. 22ND AVENUE
CAPE CORAL, FL 33993 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
STOIS, JUAN
4036 EDISON AVENUE
FORT MYERS, FL 33916 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

Daytime Phone #

William P. Glover II 1/25/05 239-337-4404