2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2004 08:00 AM Secretary of State **DOCUMENT # P99000085778** 1. Entity Name INVESTIGATION & RESEARCH SERVICES, INC. Mailing Address Principal Place of Business P.O. BOX 2166 P.O. BOX 2166 APOPKA, FL 32704 APOPKA, FL 32704 CR2E034 (10/03) 03232004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3404484 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWIFT, GREGG F DO NOT WRITE 1752 W. MARSHALL LAKE DRIVE APOPKA, FL 32703 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 remaining) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD RTIF NAME SWIFT, GREGG F 1752 W. MARSHALL LAKE DRIVE STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME. STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of rustee 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:

NAME STREET ADDRESS

OFFICER OR DIRECTOR