

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 347938

1. Entity Name
SECURITY PROPERTIES INC



Principal Place of Business

**6909 BEACH BLVD.
HUDSON, FL 34667**

Mailing Address

**6909 BEACH BLVD.
HUDSON, FL 34667**

DO NOT WRITE IN THIS SPACE



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1293931

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAFRANEL, ALLAN G
7000 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE
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 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	PD
NAME	SAFRANEK, ALLAN G
STREET ADDRESS	202 SOUTH ADAMS STREET
CITY- ST- ZIP	NEW PORT RICHEY, FL 34652
TITLE	S
NAME	SMITH, JENNIFER
STREET ADDRESS	6909 BCH BLVD
CITY- ST- ZIP	HUDSON, FL 34667
TITLE	T
NAME	PAXTON, JAMES
STREET ADDRESS	6909 BEACH BLVD
CITY- ST- ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000218728
02/07/05-80076-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2-4-05

Date

Daytime Phone #