

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90392 013 \*\*\*158.75

**DOCUMENT # F97000006698**

1. Entity Name

PRO TECH MONITORING, INC.



Principal Place of Business

2549 SUCCESS DR  
ODESSA FL 33556

Mailing Address

2549 SUCCESS DR  
ODESSA FL 33556

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 59-3478800

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POSAVEC, ROBERT P  
2549 SUCCESS DR  
ODESSA FL 33556

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

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, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE STCO ☐ Delete  
NAME POSAVEC, ROBERT P  
STREET ADDRESS 2549 SUCCESS DR  
CITY-ST-ZIP ODESSA FL 33556

TITLE D ☐ Delete  
NAME BAKER, RICHARD  
STREET ADDRESS 2549 SUCCESS DR  
CITY-ST-ZIP ODESSA FL 33556

TITLE D ☐ Delete  
NAME FORTE, AMI  
STREET ADDRESS 2549 SUCCESS DR  
CITY-ST-ZIP ODESSA FL 33556

TITLE CEO ☐ Delete  
NAME STAPLES, JOHNSTON C  
STREET ADDRESS 2549 SUCCESS DR  
CITY-ST-ZIP ODESSA FL 33556

TITLE D ☐ Delete  
NAME SPEER, ROY M  
STREET ADDRESS 2549 SUCCESS DR  
CITY-ST-ZIP ODESSA FL 33556

TITLE CEO ☐ Delete  
NAME CHAPIN, STEVEN D  
STREET ADDRESS 2549 SUCCESS DR  
CITY-ST-ZIP ODESSA FL 33556

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

*Robert Posavec* ROBERT POSAVEC

Date

Daytime Phone #

4/9/04 (227) 432-9987