

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J14485

FILED
Jul 01, 2004
Secretary of State

Entity Name: SOUTHEASTERN PROTECTION SERVICES OF FLORIDA, INC

Current Principal Place of Business:

160 W. EVERGREEN AVE.
STE. 180
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1197
ALTAMONTE SPRINGS, FL 32715

New Mailing Address:

FEI Number: 59-2680921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, PATRICK
863 BRIGHT MEADOW
LAKE MARY, FL 32750 US

Name and Address of New Registered Agent:

RUSSELL, PATRICK
1848 MISTY MORN PL.
LONGWOOD, FL 32779 US

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.

SIGNATURE: PJ RUSSELL

07/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUSSELL, PATRICK
Address: 863 BRIGHT MEADOW DR.
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUSSELL, PATRICK
Address: 1848 MISTY MORN PL.
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK RUSSELL

MR.

07/01/2004

Electronic Signature of Signing Officer or Director

Date