


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90186 031 \*\*\*158.75


**DOCUMENT # P03000026424**  
 1. Entity Name  
**CHAMPION SECURITY SYSTEMS, INC.**



Principal Place of Business Mailing Address  
**13030 SAN DIEGO WOODS LANE** **13030 SAN DIEGO WOODS LANE**  
**ORLANDO FL 32824** **ORLANDO FL 32824**  
**US** **US**

2. Principal Place of Business 3. Mailing Address  
**202 B EAST COLONIAL DR** **13030 San Diego Woods Ln**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**ORLANDO, FL**

City & State City & State  
**32801 ORLANDO, FL** **ORL, FL 32824**  
 Zip Country Zip Country  
**32801 USA** **32824 USA**



MOORE CR2E034 (11/03)

4. FEI Number **37-1462697** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HENRY, WILLIAM E**  
**13030 SAN DIEGO WOODS LANE**  
**ORLANDO FL 32824**

7. Name and Address of New Registered Agent  
~~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 William E. Henry **WILLIAM E. HENRY** **3-10-04**  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MELENDEZ, RODNEY 357 CYPRESS KNEE LANE LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Rodney Melendez **RODNEY MELENDEZ** **4.23.04** **407-841-7505**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #