

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 08:00 AM
Secretary of State

DOCUMENT # S17057 1. Entity Name CORPORATE SECURITY MANAGEMENT, INC.	
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Principal Place of Business 1060 MAITLAND CENTER COMMONS BLVD STE 350 MAITLAND, FL 32751 US	Mailing Address 35624 KINGS LANE EUSTIS, FL 32726 US
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3038932	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEWART, KAREN 35624 KINGS LANE EUSTIS, FL 32726

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STEWART, KAREN A 35624 KINGS LANE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE MARTINEZ, FELIX R 1742 SWEATWATER WEST CIRCLE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAURA, STEPHANIE P 1115 CHEDON COURT APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFEIFFER, BEVERLY 214 COTTESMORE CIRCLE LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WISHON, REGINA 1935 CENTER DR CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/02/04-80003-015 150.00

**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)(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: *Regina C. Wishon* **7/1/04 (407) 682-4000 Ext. 105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #