2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62697

FILED Jan 05, 2004 Secretary of State

Entity Name: MARSHALL SECURITY SERVICES, INC

Current Principal Place of Business:		New Principal Place of Business:		
086 38 A T PETER	NVE NE RSBURG, FL	33704		
urrent N	lailing Addre	ess:	New Mailing Addr	ess:
086 38 A T PETER	VE NE RSBURG, FL	33704		
El Number	: 59-3080406	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	l Address of	Current Registered Agent:	Name and Address	s of New Registered Agent:
086 38 A		22704		
he above	RSBURG, FL named entity e of Florida.		purpose of changing its registe	ered office or registered agent, or both,
he above	e named entity e of Florida. RE:	submits this statement for the		
he above the State	named entity e of Florida. RE: Electro			ered office or registered agent, or both, Date
he above the State IGNATUI	named entity e of Florida. RE: Electro	submits this statement for the onic Signature of Registered Agong Trust Fund Contribution ().	rent	
he above the State IGNATUI	e named entity e of Florida. RE: Electro mpaign Financi	r submits this statement for the onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete ALD C., NE	rent	Date
he above the State IGNATUI ection Car FFICER tte: ame: ddress:	e named entity e of Florida. RE: Electro mpaign Financi S AND DIRECT DVT (BERKE, RON, 1086 38 AVE ST PETERSB	v submits this statement for the conic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete ALD C., NE URG, FL) Delete DYS J., NE	ADDITIONS/CHAN Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR

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: RONALD C BERKE DVT 01/05/2004