2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V38968

1. Entity Name

SECUR-ENTRY INDUSTRIES INC.



Principal Place of Business

1190 MANOR DR

SINGER ISLAND, FL 33404

Mailing Address

1190 MANOR DR SINGER ISLAND, FL 33404 US 404 W. Whitney Dr. Jupiter, FL 33458

FILED May 27, 2004 8:00 am Secretary of State

05-27-2004 90017 009 ***158.75



03052003

No Chg-P

CR2E034 (‡0/03)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CAPUTO, GINO 1190 MANOR DR SINGER ISLAND, FL 33404

DO NOT WRITE IN THIS SPACE

· 					
	named entity submits this statement for the ions of registered agent.	ourpose of changing its re	gistered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATIONES	Signature, typed or printed name of registered agent and the	fapplicable. (NOTE: F	Registered Agent signature	required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campaign Trust Fund Contrib	· -	\$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 DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31.32 112.11				
TITLE NAME STREET ADDRESS CITY - ST - ZIP		NEYBR Sirger Island, fl. 33468 33404 DSALBA 1190 Manor Dr. NEYBR Singer Island, fl. 33464			
TITLE NAME STREET ADDRESS	CAPUTO MICHAEL RES	signed-		DO	NOT WOITE

SINGER ISLAND, FL 33404 ППЕ CAPOTO CONNIE NAME 404 W WHITNEY DR STREET ADDRESS JOPITER, FL 33458 CITY - ST-ZIP

Resigned

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:

CITY ST-ZIP

TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

844.2279