2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000000020

1. Entity Name
SOI SECURITY, INC.

Principal Place of Business	Mailing Address
STE. 370, 2741 NONCONNAH BLVD. MEMPHIS, TN 38132	STE. 370, 2741 NONCONNAH BLVD. MEMPHIS, TN 38132

01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1470854
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	CASTLEBERRY, JAMES D
STREET ADDRESS	STE. 370, 2741 NONCONNAH BLVD.
CITY-ST-ZIP	MEMPHIS, TN 38132
TITLE	DST
NAME	PHILLIPS, CINDY
STREET ADDRESS	STE. 370, 2741 NONCONNAH BLVD.
CITY-ST-ZIP	MEMPHIS, TN 38132
TITLE	DVP
NAME	MARSHALL, BARRY
STREET ADDRESS	STE. 370, 2741 NONCONNAH BLVD.
CITY-ST-ZIP	MEMPHIS, TN 38132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Cindy Phillips, Cindy Phillips 1-13-04 901-346-2746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #