


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-27-2004 90017 009 ***158.75

DOCUMENT # V38968
1. Entity Name
SECUR-ENTRY INDUSTRIES INC.



Principal Place of Business Mailing Address
1190 MANOR DR
SINGER ISLAND, FL 33404 US
404 W. Whitney Dr.
Jupiter, FL 33458

DO NOT WRITE IN THIS SPACE



03052003 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CAPUTO, GINO
1190 MANOR DR
SINGER ISLAND, FL 33404

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 _____ DATE _____
Signature, typed or printed name of registered agent and the fee applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD CAPUTO, GINO <i>4 1190 Manor Dr. Singer Island, FL 33404</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD CAPUTO, ROSALBA <i>1190 Manor Dr. Singer Island, FL 33404</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPUTO, MICHAEL 1190 MANOR DR SINGER ISLAND, FL 33404 <i>Resigned</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPUTO, CONNIE 404 W WHITNEY DR JUPITER, FL 33458 <i>Resigned</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: _____ *May 18/04* Date: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR