


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.



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| Principal Place of Business 1190 MANOR DR SINGER ISLAND, FL 33404 US | 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)

| | |
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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|--|-------------------------------|

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|----------------------------------|--|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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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 404 W WHITNEY DR JUPITER, FL 33458 | 4 1190 Manor Dr. Singer Island, FL 33404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD CAPUTO, ROSALBA 404 W WHITNEY DR JUPITER, FL 33458 | 1190 Manor Dr. Singer Island, FL 33404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAPUTO, MICHAEL 1190 MANOR DR SINGER ISLAND, FL 33404 | Resigned |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAPUTO, CONNIE 404 W WHITNEY DR JUPITER, FL 33458 | Resigned |
| 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:  DATE: May 18/04 561 844-2279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR