

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90033 042 \*\*\*150.00

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01152005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000082283					
1. Entity Name AAA PROFESSIONAL SECURITY SERVICES, INC.					
Principal Place of Business <del>8403 Mill Creek Lane</del> <b>OLD ADDR.</b> <b>8403 Mill Creek Lane</b> <b>Hudson FL 33689</b>		Mailing Address PO BOX 7141 HUDSON, FL 34674			
2. Principal Place of Business <b>80 ROGERS ST.</b> Suite, Apt. #, etc. <b>#5C</b>		3. Mailing Address <b>PO BOX 1522</b> Suite, Apt. #, etc.			
City & State <b>CLWTR FL</b>		City & State <b>CLWTR FL</b>		4. FEI Number <b>59-3755959</b>	
Zip <b>33756</b>	Country <b>USA</b>	Zip <b>33757</b>	Country <b>USA</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  FRUSTACI, JACKIE L 8403 MILLCREEK LANE HUDSON, FL 34667				7. Name and Address of New Registered Agent Name <b>JACKIE FRUSTACI</b> Street Address (P.O. Box Number is Not Acceptable) <b>80 ROGERS ST.</b> City <b>CLWTR</b> FL <b>33756</b>	
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: <b>1/22/05</b> <small>Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRUSTACI, JACKIE L.		NAME		
STREET ADDRESS	8403 MILLCREEK LANE		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			<b>1/15/05</b> <b>243-6231</b> <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					