

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000063656

**Entity Name:** C.K.'S SECURITY SYSTEMS, INC.

**Current Principal Place of Business:**

301 SE 4TH ST  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

301 SE 4TH ST  
BOYNTON BEACH, FL 33435 US

**FEI Number:** 65-0854572

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STEPHENS, ROBERT K  
301 SE 4TH STREET  
BOYNTON BEACH, FL 33435 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VD  
Name STEPHENS, ROBERT  
Address 301 SE 4TH ST  
City-State-Zip: BOYNTON BEACH FL 33435

Title PD  
Name VOLPE, FRANCIS B  
Address 301 SE 4TH ST  
City-State-Zip: BOYNTON BEACH FL 33435

Title EV  
Name SCLAFANO, ROBERT  
Address 301 SE 4TH ST  
City-State-Zip: BOYNTON BEACH FL 33435

Title S  
Name VOLPE, CHRISTINE  
Address 301 SE 4TH ST  
City-State-Zip: BOYNTON BEACH FL 33435

Title T  
Name STEPHENS, TINA  
Address 301 SE 4TH ST  
City-State-Zip: BOYNTON BEACH FL 33435

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TINA STEPHENS

**TREASURE**

**01/04/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date