


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 347938**  
 1. Entity Name  
**SECURITY PROPERTIES INC**



Principal Place of Business      Mailing Address  
**6909 BEACH BLVD.**      **6909 BEACH BLVD.**  
**HUDSON, FL 34667**      **HUDSON, FL 34667**

**DO NOT WRITE IN THIS SPACE**



01172007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1293931**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**SAFRANEL, ALLAN G**  
**7000 U.S. HIGHWAY 19 NORTH**  
**NEW PORT RICHEY, FL 34652**

**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 \_\_\_\_\_      (NOTE: Registered Agent signature required when reinstating)      DATE 01/24/07-80064-015 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAFRANEK, ALLAN G 202 SOUTH ADAMS STREET NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, JENNIFER 6909 BCH BLVD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PAXTON, JAMES 6909 BEACH BLVD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemptions contained in Chapter 119, 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:**  **James N. Paxton**      1/17/07      (727) 863-2524  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #