

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90083 022 ***150.00

DOCUMENT # 426747

1. Entity Name
BURGLAR ALARM TECHNICIANS, INC.



Principal Place of Business
**4826 N.E. 10TH AVENUE
FT. LAUDERDALE, FL 33334**

Mailing Address
**4826 N.E. 10TH AVENUE
FT. LAUDERDALE, FL 33334**

40004030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1460482

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEGOT, LEON
6561 NE 21 WAY
FT. LAUDERDALE, FL 33308**

Name **Legot, Leon**

Street Address (P.O. Box Number is Not Acceptable)

4826 N.E 10 Ave

City **Ft Lauderdale**

FL

Zip Code **33334**

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.

Leon Legot Pres.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/3/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LEGOT, LEON**
STREET ADDRESS **4826 NE 10 AVE.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DTS** ☐ Delete
NAME **LEGOT, GABRIELLE**
STREET ADDRESS **4826 NE 10 AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/05 **974-772-1300**
Date Daytime Phone