

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90010 019 \*\*\*150.00

**DOCUMENT # 447650**

1. Entity Name  
**MAXWELL SECURITY SERVICES, INC.**



Principal Place of Business  
**525 JOHN KNOX RD Suite B**  
**TALLAHASSEE, FL 32315 US**  
**32303**

Mailing Address  
**525 JOHN KNOX RD., STE. B**  
**TALLAHASSEE, FL 32303 US**

**54016282**



2. Principal Place of Business  
**525 John Knox Road**

3. Mailing Address

Suite, Apt. #, etc.  
**B**

Suite, Apt. #, etc.

01082004 Chg-P CR2E034 (10/03)

City & State  
**Tallahassee, FL**

City & State

4. FEI Number  
**59-1533926**

Applied For  
Not Applicable

Zip  
**32303**

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

**GUNN, AL M**  
**620 S. 11TH STREET**  
**QUINCY, FL 32351**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST**  
**GUNN, AL M**  
**620 S. 11TH STREET**  
**QUINCY, FL 32351** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**GUNN, AL M**  
**620 S. 11TH STREET**  
**QUINCY, FL 32351** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**GUNN, NANCY J**  
**620 S. 11TH STREET**  
**QUINCY, FL 32351** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**2932 Woodrich Dr. Apt B**  
**Tallahassee, FL 32301**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**FOREHAND, MILLIE**  
**620 S. 11TH STREET**  
**QUINCY, FL 32351** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: **AL M Gunn**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/04** **850 222-5423**  
Date Daytime Phone #