

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # 519172

1. Entity Name

MICHAEL SAUNDERS SECURITY CORP.



Principal Place of Business

**100 S. WASHINGTON BLVD.
SARASOTA, FL 34236 US**

Mailing Address

**100 S. WASHINGTON BLVD.
SARASOTA, FL 34236 US**



04122006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1706377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REES, PAULA
100 S. WASHINGTON BLVD.
SARASOTA, FL 34236**

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: DP
NAME: SAUNDERS, MICHAEL
STREET ADDRESS: 100 S. WASHINGTON BLVD.
CITY-ST-ZIP: SARASOTA, FL 34236

TITLE: D
NAME: BURKS, RON
STREET ADDRESS: 100 S. WASHINGTON BLVD.
CITY-ST-ZIP: SARASOTA, FL 34236

TITLE: DVST
NAME: REES, PAULA
STREET ADDRESS: 100 S. WASHINGTON BLVD.
CITY-ST-ZIP: SARASOTA, FL 34236

TITLE: D
NAME: SAUNDERS, DRAYTON
STREET ADDRESS: 100 S. WASHINGTON BLVD.
CITY-ST-ZIP: SARASOTA, FL 34236

TITLE: DVP
NAME: ELIZALDE, RAUL
STREET ADDRESS: 100 S. WASHINGTON BLVD.
CITY-ST-ZIP: SARASOTA, FL 34236

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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05/06/06-80074-004 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #