# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2007 08:00 A**
**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

01232007 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

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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 Paula Rees 01.23.07
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, 2007 Fee will be $550.00**

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

U00000706269
04/24/07-80027-010 150.00

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. WASHINTON BLVD. |
| CITY-ST-ZIP | SARASOTA, FL 34236 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** Paula Rees 01.23.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #