

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655651

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** PROTECTIVE SECURITY SYSTEMS, INC.

**Current Principal Place of Business:**

4626 SHADY OAKS LN  
EDGEWATER, FL 32141

**New Principal Place of Business:**

1875 GLENWOOD OAKS LANE  
DELAND, FL 32720

**Current Mailing Address:**

5913 CEDAR PINE DR  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 59-1971668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENNELLY, GEORGE W.  
4626 SHADY OAKS  
EDGEWATER, FL 32141

**Name and Address of New Registered Agent:**

KENNELLY, GEORGE W.  
1875 GLENWOOD OAKS LANE  
DELAND, FL 32720

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.

SIGNATURE: GEORGE W. KENNELLY

04/27/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KENNELLY, GEORGE W.  
Address: 4626 SHADY OAKS LN  
City-St-Zip: EDGEWATER, FL 32141

Title: VP ( ) Delete  
Name: BEIGH, BENNY  
Address: 5913 CEDAR PINE DRIVE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KENNELLY, GEORGE W  
Address: 1875 GLENWOOD OAKS LANE  
City-St-Zip: DELAND, FL 32141 US

Title: VP (X) Change ( ) Addition  
Name: BEIGH, BENNY L  
Address: 5913 CEDAR PINE DRIVE  
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENNY L. BEIGH

VP

04/27/2004

Electronic Signature of Signing Officer or Director

Date