

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 698267

1. Entity Name
SECURITY PLANS, INC.



Principal Place of Business

**C/O ROBERTS FUNERAL HOME
P O BOX 2073
DUNNELLON, FL 34430 US**

Mailing Address

**C/O ROBERTS FUNERAL HOME
P O BOX 2073
DUNNELLON, FL 34430 US**



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2115913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, KENNETH E
19939 E PENNSYLVANIA AVE
DUNNELLON, FL 34432**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000111678
04/13/04-80029-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
ROBERTS, KENNETH E
STREET ADDRESS
19939 E PENNSYLVANIA
CITY-ST-ZIP
DUNNELLON, FL 34432

TITLE
VP
NAME
ROBERTS, PATRICIA C
STREET ADDRESS
19939 E PENNSYLVANIA AVE
CITY-ST-ZIP
DUNNELLON, FL 34432

TITLE
ST
NAME
ROBERTS, KEVIN E
STREET ADDRESS
19939 E PENNSYLVANIA AVE
CITY-ST-ZIP
DUNNELLON, FL 34432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: **Kenneth E Roberts** 4-9-04 352-489-2429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #