

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 698267

FILED
Apr 27, 2009
Secretary of State

Entity Name: SECURITY PLANS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O ROBERTS FUNERAL HOME
DUNNELLON, FL 34430 US

Current Mailing Address:

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

New Mailing Address:

P O. BOX 2073
DUNNELLON, FL 34430 US

FEI Number: 59-2115913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTS, KENNETH E
Address: 19939 E PENNSYLVANIA
City-St-Zip: DUNNELLON, FL 34432

Title: VP () Delete
Name: ROBERTS, PATRICIA C
Address: 19939 E PENNSYLVANIA AVE
City-St-Zip: DUNNELLON, FL 34432

Title: ST () Delete
Name: ROBERTS, KEVIN E
Address: 19939 E PENNSYLVANIA AVE
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA C. ROBERTS

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date