

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 15, 2004  
Secretary of State**

DOCUMENT# 736383

Entity Name: ALARM ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

1802 NORTH UNIVERSITY DRIVE  
PMB 329  
PLANTATION, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

1802 NORTH UNIVERSITY DRIVE  
PMB 329  
PLANTATION, FL 33322 US

**New Mailing Address:**

FEI Number: 59-1877381      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

NEELY, BOB  
1802 NORTH UNIVERSITY DRIVE  
PMB 329  
PLANTATION, FL 33322

**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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WORTHY, ROBERT  
Address: 580-B RIVERSIDE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: PD ( ) Delete  
Name: TOOLE, RONALD  
Address: PO BOX 968  
City-St-Zip: FT WALTON BEACH, FL 32549

Title: SD ( ) Delete  
Name: DAVINO, CARL  
Address: 11543 SE FEDERAL HWY  
City-St-Zip: HOBE SOUND, FL 33455

Title: TD ( ) Delete  
Name: MOORE, STEVER  
Address: 2547 PARTIN SETTLEMENT RD  
City-St-Zip: KISSIMMEE, FL 34744

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

Title: PD (X) Change ( ) Addition  
Name: WORTHY, ROBERT  
Address: 592 RIVERSIDE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

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

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

Title: TD (X) Change ( ) Addition  
Name: MOORE, STEVE R  
Address: 2547 PARTIN SETTLEMENT RD  
City-St-Zip: KISSIMMEE, FL 34744

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD B TOOLE

PD

01/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date