

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90230 034 ***150.00

DOCUMENT # 822320

1. Entity Name
SECURITY MANAGEMENT CORP



Principal Place of Business 1250 E. HALLANDALE BEACH BLVD STE 300 HALLANDALE, FL 33009	Mailing Address 1250 E. HALLANDALE BEACH BLVD STE 300 HALLANDALE, FL 33009
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03302007 Chg-P CR2E034 (12/06)

4. FEI Number **52-0618729** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NESTOR, BRENDA
1250 E. HALLANDALE BEACH BLVD
STE 300
HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DVST LAUNER, BLANCHE S**
STREET ADDRESS **1250 E. HALLANDALE BEACH BLVD.,STE300**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Delete
NAME **VCAT COLVIN, MELVIN R**
STREET ADDRESS **1250 E. HALLANDALE BEACH BLVD.,STE300**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Delete
NAME **CPAT NESTOR, BRENDA**
STREET ADDRESS **1250 E. HALLANDALE BEACH BLVD.,STE300**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Delete
NAME **CFAT MCGANN, EDWARD T**
STREET ADDRESS **1250 E. HALLANDALE BEACH BLVD.,STE300**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Vice Chairman/ExVP/AT/AS**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Chairman/Pres/CEO/AT/AS**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Blanche Launer **Blanche Launer 4/25/07 954-458-4343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #