


FILED
Mar 18, 2005 8:00 am
Secretary of State

02-23-2005 90082 039 ***158.75

**2005 FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F00000004533
 1. Entity Name
KOORSEN PROTECTION SERVICES, INC.



Principal Place of Business Mailing Address
 2719 N ARLINGTON AVE. 2719 N ARLINGTON AVE.
 INDIANAPOLIS, IN 46218 INDIANAPOLIS, IN 46218

66006050



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1153549	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MURRAY, MARK C
 1860 IRIS LANE
 NAVARRE, FL 32566

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KOORSEN, RANDALL R 2719 N ARLINGTON AVE INDIANAPOLIS, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUGERT, JOSEPH A 2719 N ARLINGTON AVE INDIANAPOLIS, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KOORSEN, JUDITH A 2719 N ARLINGTON AVE INDIANAPOLIS, IN
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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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: Joseph A Bugert Date: 3/14/05 Daytime Phone #: 317 616-1611