## 2006 FOR PROFIT CORPORATION - ANNUAL REPORT

## DOCUMENT # F01421

Entity Name

SECURITY CORPORATION OF PORT CHARLOTTE



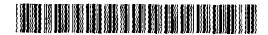
Mar 24, 2006 08:00 AM Secretary of State

**FILED** 

Principal Place of Business

17776 TOLEDO BLADE BLVD. PORT CHARLOTTE, FL 33948 Mailing Address

17776 TOLEDO BLADE BLVD. PORT CHARLOTTE, FL 33948



01062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2031701

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ALLBRIGHT, AGNES 21524 DOBBINS AVE PORT CHARLOTTE, FL 33954

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the p the obligations of registered agent.</li></ol>	urpose of changing its registered office or registered ag	ent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title in	applicable. (NOTE: Registered Agent signature required when re	100000480299
FILE NOW!!! FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00	Stection Campaign Financing     Trust Fund Contribution.     Added to	04/10/06-80037-024 150.00

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P ALLBRIGHT, PETER 21524 DOBBINS AVE PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY - ST - 2117	VT ALLBRIGHT, AGNES 21524 DOBBINS AVENUE PORT CHARLOTTE, FL
Title Name Street address City -St -259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME NAME STREET ADDRESS CITY-ST-ZIP	and the that the information as purified with this filling close not as with the second

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Rorida 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 adjusted 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 withful other like empowered.

SIGNATURE:

EGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oaytime Phone #