

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # F01421

1. Entity Name

SECURITY CORPORATION OF PORT CHARLOTTE



Principal Place of Business

17776 TOLEDO BLADE BLVD.
PORT CHARLOTTE FL 33948

Mailing Address

17776 TOLEDO BLADE BLVD.
PORT CHARLOTTE FL 33948



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

4. FEI Number **59-2031701**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLBRIGHT, AGNES
21524 DOBBINS AVE
PORT CHARLOTTE FL 33954

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLBRIGHT, AGNES	
STREET ADDRESS	21524 DOBBINS AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALLBRIGHT, PETER	
STREET ADDRESS	21524 DOBBINS AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALLBRIGHT, JUSTIN	
STREET ADDRESS	21524 DOBBINS AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALLBRIGHT, KYLE	
STREET ADDRESS	21524 DOBBINS AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000851989
03/26/08-80009-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Agnes Allbright* **AGNES ALLBRIGHT** **2/4/08** **9416259700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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