


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91289 030 ***158.75

DOCUMENT # F03000005106	
1. Entity Name ALL PRO SECURITY, INC.	

Principal Place of Business 9401 W. BELOIT ROAD MILWAUKEE WI 53227	Mailing Address 9401 W. BELOIT ROAD MILWAUKEE WI 53227
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2. Principal Place of Business 610 S. ROCK BLVD	3. Mailing Address 610 S. ROCK BLVD
Suite, Apt. #, etc. Ste 275	Suite, Apt. #, etc. Ste 275
City & State SPARKS NV	City & State SPARKS NV 89431
Zip 89431	Country United States



MOORE CR2E034 (11/03)

4. FEI Number 46-0499315	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARLING, CHRISTINA 10 PERKY ROAD KEY LARGO FL 33037	
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 Christina Darling DATE 4/20/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT KOLAKOWSKI, TIMOTHY J 2065 SOUTH 92ND STREET-1680 Sky Mountain Dr-D214 WEST ALLIS WI 53227 Reno NV 89503	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] **president** DATE 4/20/04 DAYTIME PHONE # 775-5606623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR