

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000001358 1. Entity Name MTF SECURITY COMPANY, INC.	
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Principal Place of Business 15065 MCGREGOR BLVD., STE. 105 FORT MYERS, FL 33908	Mailing Address 15065 MCGREGOR BLVD., STE. 105 FORT MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 35-2144348	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THROGMARTIN, RON T 15065 MCGREGOR BLVD., STE. 105 FORT MYERS, FL 33908	DO NOT WRITE IN THIS SPACE
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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.

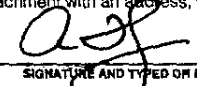
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000351950 05/03/05-80007-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCFERRAN, BRENT 9109 ANCHOR MARK DRIVE INDIANAPOLIS, IN 46236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THROGMARTIN, RON T 15065 MCGREGOR BLVD., STE. 105 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRENCH, WILLIAM S 10968 WINDJAMMER SOUTH INDIANAPOLIS, IN 46256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Ron Throgmartin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-28-05 Date	239-489-2780 Daytime Phone #
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