


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90019 047 ***150.00

DOCUMENT # F04000001911

1. Entity Name
SECURITY DESIGN, INC.



Principal Place of Business Mailing Address

29199 RYAN ROAD **29199 RYAN ROAD**
WARREN, MI 48092 **WARREN, MI 48092**

2. Principal Place of Business 3. Mailing Address

12700 - 31 Mile Road **12700 - 31 Mile Road**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Washington, MI 48095 **Washington, MI 48095**

Zip Country Zip Country

48095 **USA** **48095** **USA**



02152005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

38-2999022 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE _____

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, 2005 Fee will be \$350.00

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	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, ANTHONY J	NAME	
STREET ADDRESS	29199 RYAN ROAD	STREET ADDRESS	
CITY-ST-ZIP	WARREN, MI 48092	CITY-ST-ZIP	
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHON, DONALD M	NAME	
STREET ADDRESS	12700 31 MILE ROAD	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, MI 48095	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROLL, PAMELA M	NAME	
STREET ADDRESS	29199 RYAN ROAD	STREET ADDRESS	
CITY-ST-ZIP	WARREN, MI 48092	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHOVSKY, TERRY	NAME	
STREET ADDRESS	4803 WEST AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO, TX 78213	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **2/16/05** **586-752-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald M. Rochon, President Date Daytime Phone #