

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90075 014 ***150.00

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1. Entity Name
A-ALARM SECURITY COMPANY, INC.



Principal Place of Business

**6060 COCA COLA BLVD
COLUMBUS, GA 31909**

Mailing Address

**6060 COCA COLA BLVD
COLUMBUS, GA 31909**

40014537



DO NOT WRITE IN THIS SPACE

01202005 No Chg-P CR2E034 (10/03)

4. FEI Number
77-0622707

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCLENDON, ROBERT C
1519 COOMBS DR.
TALLAHASSEE, FL 32308**

*Michael W. Bolton
9041 Eagles Ridge Dr
Tallahassee, FL 32312*

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IN THIS SPACE**

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

Michael W. Bolton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COATES, JAMES W
6060 COCA COLA BLVD
COLUMBUS, GA 31909**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GRATHAM, RICHARD A
6060 COCA COLA BLVD
COLUMBUS, GA 31909**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FLOWERS, RICHARD E
#4 SIXTH ST.
COLUMBUS, GA 31901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

James W. Coates **JAMES W. COATES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05
Date

706 653 6612
Daytime Phone #