


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT# F04000006020	
1. Entity Name SEIBOLD SECURITY, INC.	

Principal Place of Business 12 AQUEDUCT STREET ROCHESTER, NY 14614	Mailing Address 12 AQUEDUCT STREET ROCHESTER, NY 14614
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DO NOT WRITE IN THIS SPACE



07132006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1121332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEIBOLD, JOHN SR. 7719 CASTLE ISLAND DRIVE SARASOTA, FL 34240

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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 a registered agent.	
SIGNATURE _____ <small>(Type or printed name of registered agent and title if applicable.)</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEIBOLD, JOHN 12 AQUEDUCT STREET ROCHESTER, NY 14614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEIBOLD, JOHN JR. 12 AQUEDUCT STREET ROCHESTER, NY 14614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEIBOLD, TIMOTHY 12 AQUEDUCT STREET ROCHESTER, NY 14614
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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07/17/06-80004-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>John Seibold Sr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>7/12/06</u> Daytime Phone #: <u>585-546-4990</u>