

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000000336

1. Entity Name
SECURITY INTEGRATORS, INC.



Principal Place of Business
**4039 MATTHEWS INDIAN TRAIL ROAD
STALLINGS, NC 28104**

Mailing Address
**POB 490
INDIAN TRAIL, NC 28079**



03142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2214209

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLEN, ROBERT
1050 NE 150TH ST
WILLISTON, FL 32696-8638**

**DO NOT WRITE
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 *Robert S. Allen*

31 March 2008

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000902034
04/29/08-80092-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KENNEDY, MICHAEL SCOTT
STREET ADDRESS	4124 NATHANIEL GLEN COURT
CITY - ST - ZIP	MATTHEWS, NC 28105
TITLE	S
NAME	KENNEDY, NICOLE
STREET ADDRESS	4124 NATHANIEL GLEN COURT
CITY - ST - ZIP	MATTHEWS, NC 28105
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 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: *Nicole Jo Kennedy* **Nicole Jo Kennedy** 3-17-08 7048214671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #