## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000001939

Name:

Address:

City-St-Zip:

Entity Name: DEFENDER SECURITY COMPANY

FILED May 05, 2009 Secretary of State

		ER GEGORITT GOIM / NVT				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	ORITY WAY SO POLIS, IN 4624	OUTH DRIVE - SUITE 200 10				
Current N	lailing Addres	ss:	New Maili	New Mailing Address:		
	ORITY WAY SO POLIS, IN 4624	OUTH DRIVE - SUITE 200 10				
FEI Number	: 35-2042072	FEI Number Applied For ( )	FEI Number Not App	icable ( )	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD				
	named entity e of Florida.	submits this statement for the	e purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered A	gent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( LINDSEY, DAV 12139 RANGE FISHERS, IN 4	VIEW COURT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	ST ( LINDSEY, JES 12139 RANGE FISHERS, IN	VIEW COURT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( CORLISS, JOH 1845 FAIRMOU CARMEL, IN 4	JNT STREET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	(	) Delete	Title:	CFO	( ) Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SHROYER, BART

6843 WOODHAVEN PLACE

ZIONSVILLE, IN 46077

SIGNATURE: JOHN CORLISS VP 05/05/2009