

2007, FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F06000002077

1. Entity Name

WSA SECURITY, INC.



FILED

07 FEB 13 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

10311 LA CIENEGA BOULEVARD
LOS ANGELES CA 90045

Mailing Address

10311 LA CIENEGA BOULEVARD
LOS ANGELES CA 90045

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 14-1845742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 checked="" type="checkbox"/> Delete
NAME	MINARDI, ANGELO	
STREET ADDRESS	10311 LA CIENEGA BOULEVARD	
CITY - ST - ZIP	LOS ANGELES CA 90045	
TITLE	D	<input type="checkbox"/> Delete
NAME	TSAKOUINAKIS, JOHN	
STREET ADDRESS	10311 LA CIENEGA BOULEVARD	
CITY - ST - ZIP	LOS ANGELES CA 90045	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, ANDRES A	
STREET ADDRESS	10311 LA CIENEGA BOULEVARD	
CITY - ST - ZIP	LOS ANGELES CA 90045	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BUSH, JAMES	
STREET ADDRESS	10311 LA CIENEGA BOULEVARD	
CITY - ST - ZIP	LOS ANGELES CA 90045	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIGGIN, GREG	
STREET ADDRESS	10311 LA CIENEGA BOULEVARD	
CITY - ST - ZIP	LOS ANGELES CA 90045	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANTOS, MIRIAM	
STREET ADDRESS	10311 LA CIENEGA BOULEVARD	
CITY - ST - ZIP	LOS ANGELES CA 90045	

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James E. Bush	
STREET ADDRESS	10311 La Cienega Boulevard	
CITY - ST - ZIP	Los Angeles, CA 90045	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Fleshood	
STREET ADDRESS	10311 La Cienega Boulevard	
CITY - ST - ZIP	Los Angeles, CA 90045	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

700088220107

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James E. Bush - Chairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-07

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

F060000062077

ACCOUNT NO. : 072100000032

REFERENCE : 703585 7213916

AUTHORIZATION :

COST LIMIT : \$ 158.75

ORDER DATE : January 8, 2007

ORDER TIME : 10:08 AM

ORDER NO. : 703585-025

CUSTOMER NO: 7213916

FILED
07 FEB 13 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: WSA SECURITY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 FEB 13 AM 10:37
TO ACKNOWLEDGE
SUFFICIENCY OF FILING