


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90017 035 ***150.00

DOCUMENT # F95000003856 1. Entity Name WEST BOCA SECURITY, INC.	
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Principal Place of Business 700 UNIVERSE BLVD JUNO BEACH, FL 33408 US	Mailing Address 700 UNIVERSE BLVD ATTN: DENNIS P. COYLE JUNO BEACH, FL 33408 US
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04010001



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1771886	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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

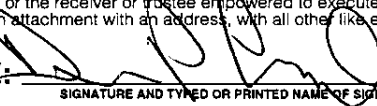
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	DT KAHN, JUDITH J 700 UNIVERSE BLVD JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, BARBARA M 4005 KENNETT PIKE, SUITE 220 WILMINGTON, DE 19807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HIGGINS, JAMES P 700 UNIVERSE BLVD JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYAN, PATRICK M 700 UNIVERSE BOULEVARD JUNO BEACH, FL 33408
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 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:  **Dennis P. Coyle** 01/29/04 (561) 694-3424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #