

MAR-28-2007 10:37

STARR SECURITY

2007 FORT PROFT CORPORATION ANNUAL REPORT

DOCUMENT # F97000001807

1. Entity Name

STARR PROTECTIVE SERVICES, INC.



Principal Place of Business

95 SIMMONS LANE
STATEN ISLAND, NY 10314

Mailing Address

1800 NORTGATE BLVD
UNIT A-2
SARASOTA, FL 34243

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

4025 CATHLEEN RD PMB 141
Suite, Apt. #, etc.

3. Mailing Address

4025 CATHLEEN RD PMB 141
Suite, Apt. #, etc.

0328 0007

Chg-P

CR2E034 (12/06)

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

13-2989810

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CURRAN, DONALD F.
7515 WEEPING WILLOW DRIVE
SARASOTA, FL 34241

7. Name and Address of New Registered Agent

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	CURRAN, DONALD F	
STREET ADDRESS	7515 WEEPING WILLOW DR.	
CITY - ST - ZIP	SARASOTA, FL 34241	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CURRAN, MARK W	
STREET ADDRESS	4735 E. TRAILS DR.	
CITY - ST - ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

DONALD F. CURRAN, President 3/29/07 941-358-9937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90084 017 ***150.00

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