


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000006698

1. Entity Name
PRO TECH MONITORING, INC.



Principal Place of Business Mailing Address

2549 SUCCESS DR **2549 SUCCESS DR**
ODESSA, FL 33556 **ODESSA, FL 33556**

DO NOT WRITE IN THIS SPACE



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3478800	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POSAVEC, ROBERT P
2549 SUCCESS DR
ODESSA, FL 33556

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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 _____ DATE 00000483439
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

04/11/06--80121-023 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCO POSAVEC, ROBERT P 2549 SUCCESS DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAELS, PATRICK J 2549 SUCCESS DRIVE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTE, AMI 2549 SUCCESS DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, FRED SR 2549 SUCCESS DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CHAPIN, STEVEN D 2549 SUCCESS DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ DATE 3/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #