


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000000876

1. Entity Name
 ASAP SECURITY SERVICES, INC.



| | |
|---|---|
| Principal Place of Business 9150 ROYAL LANE SUITE #140 IRVING, TX 75063 US | Mailing Address 9150 ROYAL LANE SUITE #140 IRVING, TX 75063 US |
|---|---|



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 75-2745017 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

OROZCO, JUAN
 1906 BRIDGEWATER DRIVE
 HEATHROW, FL 32746

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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 reinstated) _____ DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PDC PFAFF, BRUCE 1503 BELLEFONTE LN. COLLEYVILLE, TX 76034 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VST WALKER, GARY 247 SLEEPY HOLLOW LN COPPELL, TX 75019 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD TONGISH, JOE 215 CIMARRON TRAIL, #2 IRVING, TX 75063 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD OROZCO, JUAN 1906 BRIDGEWATER DRIVE HEATHROW, FL 32746 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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 05/04/04-80094-011 158.75

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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: Gary Walker **GARY WALKER** 04-29-04 972-929-0658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #