

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G87442

FILED
Apr 30, 2009
Secretary of State

Entity Name: BIF SECURITY SERVICES, INC.

Current Principal Place of Business:

7475 BABCOCK STREET
GRANT-VALKARIA, FL 32909 US

New Principal Place of Business:

Current Mailing Address:

7475 BABCOCK STREET
GRANT-VALKARIA, FL 32909 US

New Mailing Address:

7475 BABCOCK STREET
PALM BAY, FL 32909 US

FEI Number: 59-2356468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WATKINSON, KATHLEEN PT
7475 BABCOCK STREET
GRANT-VALKARIA, FL 32909 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: WATKINSON, JAMES L VS
Address: 7475 BABCOCK STREET
City-St-Zip: GRANT-VALKARIA, FL 32909 US

Title: PT () Delete
Name: WATKINSON, KATHLEEN PT
Address: 7475 BABCOCK STREET
City-St-Zip: GRANT-VALKARIA, FL 32909 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN WATKINSON

PT

04/30/2009

Electronic Signature of Signing Officer or Director

Date