

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90025 049 ***150.00

DOCUMENT # H18542

1. Entity Name
ALARM & COMMUNICATION SYSTEMS, INC.



Principal Place of Business

% PAUL N. PULEO
4301 W. SOUTH AVE.
TAMPA, FL 33614

Mailing Address

% PAUL N. PULEO
4301 W. SOUTH AVE.
TAMPA, FL 33614

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2444408

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PULEO, PAUL N.
4301 N. SOUTH AVE.
TAMPA, FL 33614

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PULEO, PAUL N.
STREET ADDRESS 19202 HANNA RD.
CITY-ST-ZIP LUTZ, FL

TITLE DPST ☐ Delete
NAME PULEO, SHARON
STREET ADDRESS 19202 HANNA ROAD
CITY-ST-ZIP LUTZ, FL

TITLE DVP ☐ Delete
NAME PULEO, TROY
STREET ADDRESS 19054 HANNA RD.
CITY-ST-ZIP LUTZ, FL

TITLE DVP ☐ Delete
NAME PULEO, TRAVIS
STREET ADDRESS 19030 HANNA RD
CITY-ST-ZIP LUTZ, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 19214 HANNA RD
CITY-ST-ZIP LUTZ, FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1112 NASHVILLE DR
CITY-ST-ZIP WESLEY CHAPEL, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #