


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # H29833	
1. Entity Name FORCE ONE ALARM SYSTEMS, INC.	

Principal Place of Business 4547 SANTA CRUZ CT P O BOX 585516 ORLANDO, FL 32858-2516	Mailing Address 4547 SANTA CRUZ CT P O BOX 585516 ORLANDO, FL 32858-2516
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03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2472309	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PEREZ, JULIO A.  
4547 SANTA CRUZ CT.  
ORLANDO, FL 32808

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, JULIO A. 4547 SANTA CRUZ COURT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JOAN D. 4547 SANTA CRUZ COURT ORLANDO, FL
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**DO NOT WRITE  
IN THIS SPACE**

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03/28/05-80004-024 150.00

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: Joan Perez V/P 3-21-05 407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
295-2805