

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # H44169

1. Entity Name
DE SOTO ALARM SYSTEMS, INCORPORATED



Principal Place of Business
1012 KNOLLWOOD COURT
P.O. BOX 758
SAFETY HARBOR, FL 34695

Mailing Address
1012 KNOLLWOOD COURT
P.O. BOX 758
SAFETY HARBOR, FL 34695

DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2533791

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOTO, RAFAEL A
1012 KNOLLWOOD COURT
SAFETY HARBOR, FL 34695

**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 reconstituting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOTO, RAFAEL A
STREET ADDRESS	1012 KNOLLWOOD COURT
CITY - ST - ZIP	SAFETY HARBOR, FL 34695
TITLE	VST
NAME	SOTO, ELSA E
STREET ADDRESS	1012 KNOLLWOOD COURT
CITY - ST - ZIP	SAFETY HARBOR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

1100000125765
04/23/04-80008-001 158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

Date

(727) 726-1816

Daytime Phone #