

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J02845

FILED
May 02, 2005
Secretary of State

Entity Name: INDEPENDENT ALARM DISTRIBUTORS OF FLORIDA, INC.

Current Principal Place of Business:

105 W SENECA
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

105 W SENECA
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-2736058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, SHIRLEY
5558 RAMADA ST
WEEKI WACHEE, FL 34607 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HARPER, SHIRLEY L
Address: 5558 RAMADA ST
City-St-Zip: WEEKI WACHEE, FL 34607

Title: VSD () Delete
Name: HOWELL, LAWRENCE D.,
Address: 5558 RAMADA ST
City-St-Zip: WEEKI WACHEE, FL 34607

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 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 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: SHIRLEY HARPER

PTD

05/02/2005

Electronic Signature of Signing Officer or Director

Date