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### 2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

07 MAY 30 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J02845**

1. Entity Name  
INDEPENDENT ALARM DISTRIBUTORS OF FLORIDA, INC.



Principal Place of Business 105 W SENECA TAMPA, FL 33612 US	Mailing Address 105 W SENECA TAMPA, FL 33612 US
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**DO NOT WRITE IN THIS SPACE**

05/05/05 60078 010 \$145.00  
04182007 No Chg-F CR2E034 (11/05)

4. FEI Number 59-2736058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HARPER, SHIRLEY  
5558 RAMADA ST  
WEEKI WACHEE, FL 34607

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**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 NAME STREET ADDRESS CITY - ST - ZIP	PTD HARPER, SHIRLEY L 5558 RAMADA ST WEEKI WACHEE, FL 34607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HOWELL, LAWRENCE D. 5558 RAMADA ST WEEKI WACHEE, FL 34607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Shirley Harper Shirley Harper (913) 933-8088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

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46013821  
# J02845

Independent Alarm Distributors of Florida, Inc.  
105 West Seneca Avenue  
Tampa, Florida 33612

Phone: (813) 933-8088 (800) 227-4313 Fax: (813) 932-7709

April 18, 2007

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

To Whom It May Concern:

It has just come to my attention that in May of 2005 we were charged twice for the filing of our annual report. After speaking with Eula from the Division of Corporations, I was instructed to send this request.

Please apply the overpayment in 2005 to our 2007 annual report filing. Your reference number for the payment in question is 5505 60078 010.

Best regards,



Shirley Harper

Cc: file