2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J02845

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

Principal Place of Business	Mailing Address
105 W SENECA	105 W SENECA
TAMPA, FL 33612 US	TAMPA, FL 33612 US

DO NOT WRITE IN THIS SPACE

02212008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2736058	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARPER, SHIRLEY
5558 RAMADA ST
WEEKI WACHEE, FL 34607

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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, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HARPER, SHIRLEY L
STREET ADDRESS	5558 RAMADA ST
CITY-ST-ZIP	WEEKI WACHEE, FL 34607

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/08-80049-017 150.00

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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 L Harper_ _Shirley L HARPER_ _2-22-07_   P13-933-8088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #