


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90019 002 \*\*\*150.00

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|---|---|
| <b>DOCUMENT # J35125</b><br>1. Entity Name<br>CURTIS SECURITY SYSTEMS, INC. |  |
|---|---|

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|--|--|
| Principal Place of Business<br>4082 COMMERCIAL WAY<br>SPRING HILL, FL 34606 US | Mailing Address<br>4082 COMMERCIAL WAY<br>SPRING HILL, FL 34606 US |
|--|--|

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01052004 No Chg-P CR2E034 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2726910                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

NELSON, JUDITH  
~~18819 AVENUE BIARRITZ~~  
 LUTZ, FL ~~33549~~ 33558

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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: *Judith Nelson, Pres.* JUDITH NELSON, PRES. 1/5/04  
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, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>NELSON, JUDITH<br>18819 AVENUE BIARRITZ<br>LUTZ, FL 33558 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>NELSON, DAVID<br>18819 AVE BIARRITZ<br>LUTZ, FL 33558      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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: *Judith Nelson, Pres.* JUDITH NELSON 1/5/04 352-688-1000  
Signature and typed or printed name of signing officer or director Date Daytime Phone #