


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90116 003 ***158.75

DOCUMENT # J35125

1. Entity Name
CURTIS SECURITY SYSTEMS, INC.



Principal Place of Business Mailing Address

4082 COMMERCIAL WAY 4082 COMMERCIAL WAY
 SPRING HILL, FL 34606 US SPRING HILL, FL 34606 US

00000724

2. Principal Place of Business 3. Mailing Address

5004 MAXWELL CIR. P.O. Box 771690

Suite, Apt. #, etc. Suite, Apt. #, etc.

#201



01082006 Chg-P CR2E034 (11/05)

City & State City & State

NAPLES, FL NAPLES, FL

Zip Country Zip Country

34105 USA 34107-1690 USA

4. FEI Number Applied For

59-2726910 Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, JUDITH
18819 AVENUE BIARRITZ
LUTZ, FL 33558...

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5004 MAXWELL CIRCLE, #201

City **NAPLES** FL Zip Code **34105**

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* DATE: **2/20/06**

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, 2006 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	<input type="checkbox"/> Delete
PST	NELSON, JUDITH	18819 AVENUE BIARRITZ	LUTZ, FL 33558	<input type="checkbox"/>
VP	NELSON, DAVID	18819 AVE BIARRITZ	LUTZ, FL 33558	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PST	NELSON, JUDITH	5004 MAXWELL CIRCLE, #201	NAPLES, FL 34105	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	NELSON, DAVID	5004 MAXWELL CIRCLE, #201	NAPLES, FL 34105	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Judith Nelson* **JUDITH NELSON** DATE: **2/20/06** DAYTIME PHONE #: **(239) 649-8107**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #