## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 15, 2004 08:00 AM Secretary of State

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1. Entity Name

ALARM SECURITY SYSTEMS, INC.



Principal Place of Business

% ROGER HORN

5690 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429

US

Mailing Address

% ROGER HORN 5690 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429

US



## DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2811816 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORN, ROGER 5690 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429

## DO NOT WRITE IN THIS SPACE

	<u>.</u>	·						
	named entity submits this statement for the plons of registered agent.	surpose of changing its regis	tered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept			
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Regis	tered Agent signature	required when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Fir Trust Fund Contribution	nancing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	i i					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HORN, ROGER L. PO BOX 1628 CRYSTAL RIVER, FL				000000005202 01/15/04-80043-019 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HORN, JENNIFER PO BOX 1628 CRYSTAL RIVER, FL				01/15/04-00045-015 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN, MICHAEL 5425 W PAUL BRYANT DR CRYSTAL RIVER, FL 34429			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the e	exemption states	d in Section 119.07(3)	(i). Florida Statutes, I further certify that the information			

indicated on this report or supplied with this tiling coes not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under orallt; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

Roger Horn

1-12-04

352-795-1384

Daytime Ph