2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 17, 2005 08:00 AM Secretary of State DOCUMENT # J78833 1. Entity Name ONGUARD SECURITY SYSTEMS, INC. Principal Place of Business Mailing Address 913 E ROSE STREET LAKELAND FL 33801-5146 P.O. BOX 92304 LAKELAND FL 33804-2304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) 4. FEl Number Applied For City & State City & State 59-2825966 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIFFITH, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 101 S FLÓRIDA AVE LAKELAND FL 33801 Zip Code 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 Régistèred Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change DAddition TITLE Delete TITLE U00000266859 LINDSAY, THOMAS T. III NAME 03/17/05-80046-025 150.00 STREET ADDRESS STREET ADDRESS 6732 RANCH RD CITY-ST-ZIP LAKELAND FL CITY ST-ZIP VPS ☐ Change Addition TITLE Delete LINDSAY, MELISSA G NAME STREET ADDRESS STREET ADDRESS 6732 RANCH ROAD CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP Change Addition Delete TITLE NAME SNYDER, MICHAEL S NAME STREET ADDRESS STREET ADDRESS 6732 RANCH ROAD CITY-ST-ZIP CITY-SI-ZIP LAKELAND FL Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Changé ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition ☐ Delete THE HILL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Thomas T. Lindsay III

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