Sent By: Wirges & Meeker CPA's LC; 1231231234; Fe

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90032 045 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L36120

1. Entity Name
CAREFREE SECURITY, INC.

J4006455

Principal Place of Business
~~4316 CARROLLWOOD VILLAGE DRIVE~~
~~TAMPA FL 33624-4657 US~~
9413 Azalea Ridge, Tampa, FL 33647

Mailing Address
CAREFREE SECURITY, INC.
P.O. BOX 274131
TAMPA, FL 33688-4131 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02112004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2982132 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIP, GEORGE W.
8001 N DALE MABRY HWY
SUITE 401A
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL 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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIPS, GEORGE W. 8001 N DALE MABRY HWY TAMPA FL,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRIES, WALTER ~~4316 CARROLLWOOD VILLAGE DR~~ ~~TAMPA, FL 33624~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gries Walter 9413 Azalea Ridge Tampa, FL 33647	☐ Change ☐ Addition
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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: Walter Gries (Walter Gries) February 11, 2004 (813) 929-4282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #