

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90038 013 \*\*\*150.00

<b>DOCUMENT # L36120</b> 1. Entity Name <b>CAREFREE SECURITY, INC.</b>					
Principal Place of Business <b>9413 AZALEA RIDGE TAMPA, FL 33647 US</b>			Mailing Address <b>CAREFREE SECURITY, INC. P.O. BOX 274131 TAMPA, FL 33688-4131 US</b>		
2. Principal Place of Business <b>9413 AZALEA Ridge</b>		3. Mailing Address 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>TAMPA FL</b>		City & State 		4. FEI Number <b>59-2982132</b>	
Zip <b>33647</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional - Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PHILLIP, GEORGE W. 8001 N DALE MABRY HWY SUITE 401A TAMPA, FL 33614</b>			7. Name and Address of New Registered Agent Name <b>SUSAN GRIES</b> Street Address (P.O. Box Number is Not Acceptable) <b>9413 AZALEA Ridge</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33647</b>		
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 <small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>1/24/06</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PHILLIPS, GEORGE W. 8001 N DALE MABRY HWY TAMPA FL,</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SUSAN GRIES 9413 AZALEA Ridge TAMPA, FL 33647</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GRIES, WALTER 15949 N FLORIDA AVE LUTZ, FL 32456</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SUSAN GRIES 9413 AZALEA Ridge TAMPA, FL 33647</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>1/24/06</b> 813-929-4285 <small>Daytime Phone #</small>	