

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L63423

1. Entity Name
NORTH AMERICA SECURITY SERVICES, INC.



Principal Place of Business

4401 BELLWOOD CIR
PACE, FL 32571

Mailing Address

P.O. BOX 13611
PENSACOLA, FL 32591

FILED
Jan 20, 2004 08:00 AM
Secretary of State



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3010284

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRUBSHAW, JOHN A.
6584 DEERLAKE RD
WALNUT HILL, FL 32568

**DO NOT WRITE
IN THIS SPACE**

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

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | TRUBSHAW, JOHN A. |
| STREET ADDRESS | 6584 DEERLAKE RD |
| CITY-ST-ZIP | WALNUT HILL, FL 32568 |
| TITLE | D |
| NAME | ROWLAND, J. L. |
| STREET ADDRESS | 4401 BELLWOOD CIR |
| CITY-ST-ZIP | PACE, FL 32571 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *John Trubshaw* *JOHN TRUBSHAW*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/172 Phone #

1/12/04 *479-1556*