

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000071

FILED
Apr 29, 2005
Secretary of State

Entity Name: STRONG-ARMORED COURIER SERVICES, L.C.

Current Principal Place of Business:

11 EGLIN PARKWAY #3
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

130 STAFF DRIVE
FORT WALTON BEACH, FL 32548

Current Mailing Address:

P.O. BOX 4247
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-3550909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGEE, DAVID L
3 WEST GARDEN STREET, SUITE 700
PENSACOLA, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: INTEGRATED FINANCIAL, SYSTEMS, L.C.
Address: 11 EGLIN PARKWAY #3
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MEM () Delete
Name: INTEGRATED FINANCIAL, SYSTEMS, L.C.
Address: 11 EGLIN PARKWAY #3
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: INTEGRATED FINANCIAL, SYSTEMS, L.C.
Address: P.O. BOX 4247
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MEM (X) Change () Addition
Name: INTEGRATED FINANCIAL, SYSTEMS, L.C.
Address: P.O. BOX 4247
City-St-Zip: FORT WALTON BEACH, FL 32549

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRADFORD FLETCHER

MGR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date