

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M98003 1. Entity Name SECURITY SYSTEMS SPECIALISTS, INC.					
Principal Place of Business 8830 BROWN CIRCLE CAPE CANAVERAL FL 32920			Mailing Address 8830 BROWN CIRCLE CAPE CANAVERAL FL 32920		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2931157	
6. Name and Address of Current Registered Agent HAMILTON, JOYCE 110 JEFFERSON AVENUE CAPE CANAVERAL FL 32920				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 and printed name of registered agent and title if applicable)</small>				DATE: 04/25/06 <small>(NOTE: Registered Agent signature required when revisiting)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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	PDST HAMILTON, JOYCE 8830 BROWN CIRCLE CAPE CANAVERAL FL 32920		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BLACK, JOHN W 8830 BROWN CIRCLE CAPE CANAVERAL FL 32920		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
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1st MOORE CR2E034 (10/05)

Applied For
Not Applicable

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

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:

(NOTE: Registered Agent signature required when revisiting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

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HAMILTON, JOYCE
8830 BROWN CIRCLE
CAPE CANAVERAL FL 32920

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CAPE CANAVERAL FL 32920

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **JOYCE HAMILTON**
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **04/25/06** 321.784.004
Daytime Phone #