

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007680

**FILED  
Jul 05, 2004  
Secretary of State**

**Entity Name:** MARITIME SECURITY CORPORATION OF TAMPA BAY

**Current Principal Place of Business:**

3135 BLOOMINGDALE VILLAS CT.  
BRANDON, FL 33511

**New Principal Place of Business:**

2203 N. LOIS AVENUE  
SUITE 1225  
TAMPA, FL 33607

**Current Mailing Address:**

3135 BLOOMINGDALE VILLAS CT.  
BRANDON, FL 33511

**New Mailing Address:**

2203 N. LOIS AVENUE  
TAMPA, FL 33607

FEI Number: 55-0818809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PALERMO, CONRAD  
3135 BLOOMINGDALE VILLAS CT.  
BRANDON, FL 33511 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

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: PALERMO, CONRAD  
Address: 3135 BLOOMINGDALE VILLAS CT.  
City-St-Zip: BRANDON, FL 33511

Title: VSD ( ) Delete  
Name: LOWE, DAVID K  
Address: 13024 WATERFORD RUN DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: VTD ( ) Delete  
Name: HAWKINS, CYNTHIA  
Address: 2807 SPRINGDELL CIRCLE  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID K. LOWE

VSD

07/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date