2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N03000002160 4115

FILED Mar 29, 2004 8:00 am Secretary of State

Country Country Country St. Certificate of Status Desired S8.75 Additional S8	1. Entity Nam	ne	PROTECTION TE				03-29-2004 90393 045 ****61.25			
Suite, Apt. #, etc. Suite, Ap	P.O. BOX 120382 P.O. BOX 120382) (AC)((A) (A) (AL)((A)	240	3025	&	
City & State Country Country Country S. Certificate of Status Desired Rea Required B. Name and Address of Current Registered Agent Fee Required Fee Required Fee Required Fee Required Fee Required City FL Zip Code	2. Principal Place of Business 3. Mailin			3. Mailing Address	Mailing Address					
Signature Sign	Suite, Apt. #, etc.			Suite, Apt. #, etc.		03232004 Ch	g-NP CR2E037	(10/03)		
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nome Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. Therebove named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida. I am familiar with, and act the obligations of registered agent. SIGNATURE FILING Fee is \$61.25 Due by May 1, 2004 P. Election Campaign Financing That Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME SIRET ADDRESS CITY-ST-2P NAME SIRET ADDRESS CITY-ST-2P Change Debte NAME SIRET ADDRESS CITY-ST-2P Change ADDRESS CITY-ST-2P Debte NAME SIRET ADDRESS CITY-ST-2P Change ADDRESS CITY-ST-	City & State		City & State		4. FEI Number 36 - 01	56866		oplied For		
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HANES, SCOTT B 629 1/2 ELEVENTH STREET CLERMONT, FL 34711 City FL Zip Code 8. Thisrebove 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 femiliar with, and act the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May 8s Make check payable to Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME SIREET ADDRESS CITY-ST-ZP Delete TILE NAME Delete TILE TILE TILE TILE TILE TILE TILE TILE	Name and Address of Current Registered Agent					7. Name and Add	ress of New Registered Ag	ent		
8. Thirebove 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 act the obligations of registered agent. SIGNATURE Signature, typed or premot name or registered agent and the if applicable. Filling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Due by May 1, 2004 Pilling Foe is \$61.25 Divisit For Added to Foes Pilling Foe is \$61.25 Pilling Foe is \$61	629 1/2 ELEVENTH STREET									
B. Thirebove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, typed or provide name of registered agent and title if applicable. (MOTE: Registered Agent algorithms required when revinations) DATE Filling Fee is \$61.25 Due by May 1, 2004 PURPORT Agent algorithms required when revinations) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME NAME NAME NAME NAME NAME NAME NAME	ı T				City			Zip Code		
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	uio oongaa	action of regions	ou agoni.						1	
Due by May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE								l l	
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indicated on his 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 617, 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.

2, grdra SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR