

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002519

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF SECURITY COMPANIES, INC.

**Current Principal Place of Business:**

900 N. BELCHER ROAD  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

900 N. BELCHER ROAD  
CLEARWATER, FL 33765

**New Mailing Address:**

**FEI Number:** 59-3468368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHMITT, PATRICIA A  
900 N. BELCHER ROAD  
CLEARWATER, FL 33765 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: PD ( ) Delete  
Name: LA MARCHE, ALAN  
Address: 2322 KILKENNY DRIVE WEST  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete  
Name: POULIN, KC  
Address: 1261 S. MISSOURI AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: VD ( ) Delete  
Name: PEDRAYES, RENE  
Address: 5820 BLUE LAGOON DRIVE, STE. 300  
City-St-Zip: MIAMI, FL 33126

Title: STD ( ) Delete  
Name: SCHMITT, PATRICIA A  
Address: 900 N. BELCHER ROAD  
City-St-Zip: CLEARWATER, FL 33765

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PATRICIA A. SCHMITT

STD

01/07/2009

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

\_\_\_\_\_  
Date