

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000010561 1. Entity Name SPECTRUM SECURITY, INC.	
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Principal Place of Business 1924 WASHINGTON ST HOLLYWOOD, FL 33020	Mailing Address 1924 WASHINGTON ST HOLLYWOOD, FL 33020
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04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0978813	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ADAMS, GERLAD 113 N FEDERAL HWY. DANIA BEACH, FL 33004

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000341365
04/29/05-80012-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WOLK, DEAN 1924 WASHINGTON ST HOLLYWOOD, FL 33020
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Dean H. Wolk PRESIDENT 4/27/05 954-920-0196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #