

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025340

FILED  
Apr 27, 2011  
Secretary of State

Entity Name: GATEKEEPERS ENTRY SYSTEMS, INC.

**Current Principal Place of Business:**

3217 MOTT RD.  
DOVER, FL 33527

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1316  
DOVER, FL 33527

**New Mailing Address:**

FEI Number: 65-0984828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KENT, ANGELETTE L  
3217 MOTT RD.  
DOVER, FL 33527 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: P  
Name: KENT, ANGELETTE L  
Address: 3217 MOTT RD.  
City-St-Zip: DOVER, FL 33527

Title: V  
Name: CASSELS, GUIN BRADFORD  
Address: 12911 MIKELYN PL.  
City-St-Zip: THONOTOSASSA, FL 33592

Title: ST  
Name: KENT, WILLIAM L  
Address: 3217 MOTT RD.  
City-St-Zip: DOVER, FL 33527

Title: TRES  
Name: KENT, WILLIAM L JR  
Address: 4117 AUTUMN PALM DRIVE  
City-St-Zip: ZERYHILLS, FL 33541

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGELETTE KENT

P

04/27/2011

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

\_\_\_\_\_  
Date