

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053579

FILED  
Sep 15, 2009  
Secretary of State

Entity Name: SENTRYNET OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

517 NORTH BAYLEN STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

517 NORTH BAYLEN STREET  
PENSACOLA, FL 32501

**New Mailing Address:**

FEI Number: 59-3646749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

AVRITT, DAVID J  
517 NORTH BAYLEN STREET  
PENSACOLA, FL 32501 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: AVRITT, DAVID J  
Address: 4812 HICKORY SHORES BLVD.  
City-St-Zip: GULF BREEZE, FL 32561

Title: P ( ) Delete  
Name: AVRITT, DAVID J  
Address: 4812 HICKORY SHORES BLVD  
City-St-Zip: GULF BREEZE, FL 32561

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

Title: D (X) Change ( ) Addition  
Name: AVRITT, DAVID J  
Address: 517 N. BAYLEN ST.  
City-St-Zip: PENSACOLA, FL 32501

Title: P (X) Change ( ) Addition  
Name: AVRITT, DAVID J  
Address: 517 N. BAYLEN ST.  
City-St-Zip: PENSACOLA, FL 32501

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

SIGNATURE: DAVID J AVRITT

PRES

09/15/2009

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

\_\_\_\_\_ Date