

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90385 016 \*\*\*158.75

DOCUMENT # P00000058349

1. Entity Name  
NATIONAL COMMUNICATION & ALARM, INC.



Principal Place of Business  
7090 FRUITVILLE ROAD  
SARASOTA, FL 34240

Mailing Address  
7090 FRUITVILLE ROAD  
SARASOTA, FL 34240

2. Principal Place of Business

3. Mailing Address



04282004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.  
5571 Verna Rd.

Suite, Apt. #, etc.  
P.O. Box 9

City & State  
MYAKKA CITY FL

City & State  
MYAKKA CITY, FL

4. FEI Number  
65-1029275

Applied For  
Not Applicable

Zip  
34251

Country  
SARASOTA

Zip  
34251

Country  
SARASOTA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAXTON, ERIC R  
7090 FRUITVILLE ROAD  
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name  
ERIC R. CLAXTON

Street Address (P.O. Box Number is Not Acceptable)  
5571 Verna Rd.

City  
MYAKKA CITY

FL

Zip Code  
34251

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  
Eric R. Claxton

Signature, typed or printed name of registered agent and title if applicable.

(NOT Required Agent signature required when reinstating)

4-29-04

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CLAXTON, ERIC R  
5571 Verna Road  
MYAKKA CITY, FL 34251 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 232-2801  
Date Daytime Phone #