2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000087478

1. Entity Name
JAGUAR SECURITY, INC.

Principal Place of Business	Mailing Address
PO BOX 11021 JACKSONVILLE, FL 32239	PO BOX 11021 JACKSONVILLE, FL 32239

DO NOT WRITE IN THIS SPACE

05022005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3713940	Not Applicable

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

6. Name and Address of Current Registered Agent

URANE, DARWIN
PO BOX 11021
JACKSONVILLE, FL 32239

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10.   OFFICERS AND DIRECTORS

TITLE	COO
NAME	URANE, DARWIN
STREET ADDRESS	PO BOX 11021
CITY-ST-ZIP	JACKSONVILLE, FL 32239

U000000362444
05/05/05-80118-016 150.00

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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)(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: _____   4-30-05   (904) 744-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #