



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

|   |                     |  |  |
|---|---------------------|--|--|
| <b>DOCUMENT # P01000041895</b><br>1. Entity Name<br><b>LANIER SECURITY GROUP INC.</b>   |                     |                                     |  |
| Principal Place of Business<br><b>4304 IVEY GLEN AVENUE<br/>ORLANDO, FL 32826 US</b>  |                     | Mailing Address<br><b>4304 IVEY GLEN AVENUE<br/>ORLANDO, FL 32826 US</b>   |  |
|   |                     |                                   |  |
|   |                     | 01062004    No Chg-P    CR2E034 (10/03)  |  |
|   |                     | 4. FEI Number<br><b>59-3720966</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
|   |                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                      |  |
| <b>6. Name and Address of Current Registered Agent</b>  |                     |  |  |
| <b>LANIER, SANDRA L<br/>4304 IVEY GLEN AVENUE<br/>ORLANDO, FL 32826</b>   |                     |  |  |
| 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 <u>Sandra L Lanier</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                     | DATE <u>1-7-04</u><br><small>(NOTE: Registered Agent signature required when reappointing)</small>                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |                     | 9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| <b>10. --- OFFICERS AND DIRECTORS</b>   |                     |  |  |
| TITLE   | P                   | U000000001069<br>01/09/04-80026-009 150.00   |  |
| NAME  | LANIER, SANDRA L    |  |  |
| STREET ADDRESS  | 4304 IVEY GLEN AVE. |  |  |
| CITY-ST-ZIP   | ORLANDO, FL 32826   |  |  |
| TITLE   |                     |  |  |
| NAME  |                     |  |  |
| STREET ADDRESS  |                     |  |  |
| CITY-ST-ZIP   |                     |  |  |
| TITLE   |                     |  |  |
| NAME  |                     |  |  |
| STREET ADDRESS  |                     |  |  |
| CITY-ST-ZIP   |                     |  |  |
| TITLE   |                     |  |  |
| NAME  |                     |  |  |
| STREET ADDRESS  |                     |  |  |
| CITY-ST-ZIP   |                     |  |  |
| 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: <u>Sandra Lanier</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                     | Date <u>1-7-04</u> Daytime Phone # <u>407 326 8618</u>   |  |