2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # P01000078457** 04-05-2004 90004 039 ***150.00 **B & R SECURITY SERVICES, INC.** Malling Address Principal Place of Business 19982 CREWS RD. 19982 CREWS RD. GLEN ST. MARY, FL GLEN ST. MARY, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182004 Chg-P CR2E034 (10/03) City & State Applied For 4 FEI Number City & State 59-3737301 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAULERSON, CALVIN W JR. Street Address (P.O. Box Number is Not Acceptable) 19982 CREWS RD. GLEN ST. MARY, FL 32040 City Zip Code 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. 3-8-04 i w. Raul Secret Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition D/P TITLE ☐ Change ☐ Delete TITLE BURNHAM, HORACE T NAME NAME STREET ADDRESS STREET ADDRESS 2 ST. MARY CIR. MACCLENNY, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change | Addition TITL€ RAULERSON, CALVIN W JR. NAME NAME 19982 CREWS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GLEN ST. MARY, FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_ZIP Change _ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED