

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081020

Entity Name: ABSOLUTE SECURITY, INC.

FILED  
Feb 08, 2008  
Secretary of State

## Current Principal Place of Business:

21957 US HWY 19N  
CLEARWATER, FL 33765

## New Principal Place of Business:

## Current Mailing Address:

21957 US HWY 19N  
CLEARWATER, FL 33765

## New Mailing Address:

FEI Number: 59-3743954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCATEE, CAROL  
5401 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WELCH, RON  
Address: 462 LIAM AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V ( ) Delete  
Name: OLIVER, MICHAEL  
Address: 13377 SOUTHERN PRECAST DR  
City-St-Zip: ALACHUA, FL 32615

Title: S ( ) Delete  
Name: WELCH, DARLENE  
Address: 462 LIAM AVE.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T ( ) Delete  
Name: MILLER, JASON  
Address: 1050 STARKEY RD. #2308  
City-St-Zip: LARGO, FL 33771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WELCH, RON  
Address: 8737 LINEBROOK DR.  
City-St-Zip: TRINITY, FL 34655

Title: V (X) Change ( ) Addition  
Name: OLIVER, MICHAEL  
Address: 6312 NW 18TH DR. STE 100  
City-St-Zip: GAINESVILLE, FL 32653

Title: S (X) Change ( ) Addition  
Name: WELCH, DARLENE  
Address: 8737 LINEBROOK DRIVE  
City-St-Zip: TRINITY, FL 34655

Title: T (X) Change ( ) Addition  
Name: MILLER, JASON  
Address: 1602 KIISH BLVD  
City-St-Zip: TRINITY, FL 34655

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: RON WELCH

D

02/08/2008

Electronic Signature of Signing Officer or Director

Date