2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 28, 2005 8:00 am
Secretary of State
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01152005 Chg-P CR2E034 (10/03)

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1. Entity Name
AAA PROFESSIONAL SECURITY SERVICES, INC.

Principal Place of Business (OLD ADDR.)	Mailing Address
8403 Mill Creek Ln Hudson FL 33689	PO BOX 7141 HUDSON, FL 34674

NEW

2. Principal Place of Business	3. Mailing Address
80 ROGERS ST.	PO BOX 1522
Suite, Apt. #, etc: #5C	Suite, Apt. #, etc.
City & State: CLWTR FL	City & State: CLWTR FL
Zip: 33756 Country: USA	Zip: 33757 Country: USA

4. FEI Number 59-3755959 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRUSTACI, JACKIE L
8403 MILLCREEK LANE
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name: JACKIE FRUSTACI
Street Address (P.O. Box Number is Not Acceptable): 80 ROGERS ST.
City: CLWTR FL Zip Code: 33756

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: Jackie L Frustaci DATE: 1/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRUSTACI, JACKIE L ;	NAME	
STREET ADDRESS	8403 MILLCREEK LANE	STREET ADDRESS	
CITY-ST-ZIP	HUDSON, FL 34667	CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Jackie Frustaci — 1/15/05 — 727-243-6231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #