

2005 FOR PROFIT CORPORATION ANNUAL REPORT

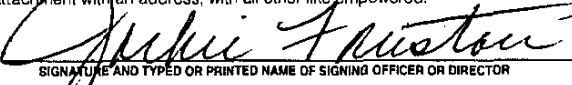
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Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90033 042 ***150.00

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01152005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000082283					
1. Entity Name AAA PROFESSIONAL SECURITY SERVICES, INC.					
Principal Place of Business 8403 Mill Creek Lane OLD ADDR. 8403 Mill Creek Lane Hudson FL 33689			Mailing Address PO BOX 7141 HUDSON, FL 34674		
2. Principal Place of Business 80 ROGERS ST. Suite, Apt. #, etc. #5C			3. Mailing Address PO BOX 1522 Suite, Apt. #, etc.		
City & State CLWTR FL		City & State CLWTR FL		4. FEI Number 59-3755959	
Zip 33756		Country USA		Applied For ☐ Not Applicable	
Zip 33756		Country USA		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 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:  DATE: 1/22/05 Signature, type, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD FRUSTACI, JACKIE L; 8403 MILLCREEK LANE HUDSON, FL 34667	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			Date: 1/15/05 Daytime Phone #: 243-6231		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					