2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 16, 2004 8:00 am Secretary of State **DOCUMENT # P01000085376** 08-16-2004 90015 002 ***158.75 1. Entity Name FIRST CHOICE SECURITY SERVICES, INC. Principal Place of Business Mailing Address 351 S. CYPRESS ROAD 351 S. CYPRESS ROAD SUITE 408 **SUITE 408** POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08112004 CR2E034 (10/03) Chg-P 4. FEI Number City & State City & State Applied For 01-0578172 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent .6. Name and Address of Current Registered Agent Gr<u>aham</u> BRUCE C. SPEELER, ROBERT L 351 S. CYPRESS ROAD POMPANO BEACH, FL 33060 Zip Code 33060 POMPANO BEACH 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. BRUCE C. GRAHAM, JR. - VSTO SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the · 🖸 . Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Change | TITLE Delete TITLE NAME LARGE, THOMAS H JR. NAME STREET ADDRESS 351 S. CYPRESS ROAD, SUITE 408 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33060 CITY-ST-ZIP Delete VD ☐ Change ☐ Addition TITLE TITLE NAME SPEELER, ROBERT L NAME STREET ADDRESS STREET ADDRESS 351 S. CYPRESS ROAD, SUITE 408 CITY-ST-ZIP POMPANO BEACH, FL 33060 CITY-ST-7IP VSTD TITLE Delete TITLE ☐ Change ☐ Addition GRAHAM, BRUCE C JR NAME NAME STREET ADDRESS 351 S. CYPRESS ROAD, SUITE 408 STREET ADDRESS CITY-ST-7P POMPANO BEACH, FL 33060 CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME · . . . NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Delete . Change Addition NAME NAME DIFE AND STATE STATE OF THOSE tors and to a purpose programme regard STREET ADDRESS STREET ADDRESS E MOMEN ARE IN CASCOLOU times a come to education for figure 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.

BRUCE C. GRAHAM, In.

954)818-2218

FILED