


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90245 041 \*\*\*150.00

DOCUMENT # P01000099260		
1. Entity Name STATEWIDE SECURITY PATROL INC.		

Principal Place of Business 3679 FOWLER ST. FT MYERS FL 33901	Mailing Address PO BOX 3204 FORTMYERS FL 33918
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2. Principal Place of Business 3805 Fowler St	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

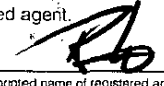
City & State FT MYERS FL	City & State
Zip 33901	Country USA



MOORE CR2E034 (11/03)

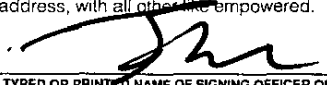
4. FEI Number 40-0001199		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WALDRON, BRIAN M 3679 FOWLER ST. FT MYERS FL 33901		

7. Name and Address of New Registered Agent WALDRON BRIAN M 3805 Fowler St FT MYERS FL 33901	
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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 3/7/04

<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	WALDRON, BRIAN M 3679 FOWLER ST. FT MYERS FL 33901	TITLE PD	WALDRON BRIAN M 3805 Fowler St FT MYERS FL 33901
TITLE VP	WALDRON, BRIAN M 3679 FOWLER ST. FT MYERS FL 33901	TITLE VP	WALDRON BRIAN M 3805 Fowler St FT MYERS FL 33901
TITLE SEC	ROBIN F WALDRON 3805 FOWLER ST FT MYERS FL 33901	TITLE SEC	ROBIN F WALDRON 3805 FOWLER ST FT MYERS FL 33901
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	

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 3/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Daytime Phone # 238 8723043