


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90015 003 \*\*\*150.00

**DOCUMENT # P01000106979**  
 1. Entity Name  
**SECUR - SHIELD, INC.**



Principal Place of Business      Mailing Address  
~~2155 SEMINOLE SHORES LANE~~      ~~2155 SEMINOLE SHORES LANE~~  
~~VERO BEACH FL 32963~~      ~~VERO BEACH FL 32963~~

**54066748**



MOORE      CR2E034 (4/04)

2. Principal Place of Business      3. Mailing Address  
**200 4th AVE SOUTH**      **200 4th AVE SOUTH**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 411**      **# 411**

City & State      City & State  
**ST. PETERS FL.**      **ST. PETERS FL**

4. FEI Number      Applied For  
**65-1155050**      Not Applicable

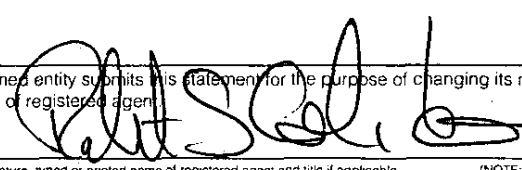
Zip      Country      Zip      Country  
**33701**      **USA**      **33701**      **USA**

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

6. Name and Address of Current Registered Agent  
**CALISTRI, ROBERT**  
**2155 SEMINOLE SHORES LANE**  
**VERO BEACH FL 32963**

7. Name and Address of New Registered Agent  
 Name      **CALISTRI, ROBERT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**200 4th AVE SOUTH**  
**# 411**  
 City      **ST. PETERS**      FL      Zip Code      **33701**

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: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CALISTRI, ROBERT	
STREET ADDRESS	2155 SEMINOLE SHORES LANE	
CITY - ST - ZIP	VERO BEACH FL 32963	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CALISTRI, CLORINDA	
STREET ADDRESS	2155 SAWINULK SHORES	
CITY - ST - ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALISTRI, ROBERT	
STREET ADDRESS	200 4th AVE SOUTH #411	
CITY - ST - ZIP	ST PETERS FL 33701	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALISTRI, CLORINDA	
STREET ADDRESS	200 4th AVE SOUTH #411	
CITY - ST - ZIP	ST PETERS FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:       Date: **7/12/04**      Daytime Phone #: **727-643-5007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment  
Doc. # 001000106979  
54066748

JULY 17, 2004  
FRI - 65-1155050

TO WHOM IT MAY CONCERN:

WE MOVED THE COMPANY (SECUR-SHIELD)  
FROM VERO BEACH TO ST. PETERSBURG IN  
EARLY MARCH. WE NEVER RECEIVED  
THE ANNUAL REPORT FORM UNTIL I CALLED  
YOUR OFFICE IN MID JUNE. AT THAT  
TIME I WAS TOLD THAT A FORM WOULD  
BE SENT TO OUR NEW ADDRESS. I WAS  
ALSO TOLD TO SEND A CHECK WITH  
AN ATTACHED LETTER FOR THE ORIGINAL  
AMOUNT. KIND ~~OF~~ CLOSED CHECK FOR  
\$150.00.

THANK YOU  
