

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90185 032 ***150.00

DOCUMENT # P02000011978

1. Entity Name

VICTORY SECURITY AGENCY, INC.



Principal Place of Business

5945 TARPON GARDENS CIRCLE, UNIT 201
CAPE CORAL FL 33914

Mailing Address

5945 TARPON GARDENS CIRCLE, UNIT 201
CAPE CORAL FL 33914



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

416 Washington Ave

Suite, Apt. #, etc.

P.O. Box 476

City & State

City & State

Carnegie, PA

Zip

Country

Zip

Country

15106

1st MOORE

CR2E034 (10/06)

4. FEI Number 37-1417406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, LISA
5945 TARPON GARDENS CIRCLE, UNIT 201
CAPE CORAL FL 33914

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	PD	<input type="checkbox"/> Delete
NAME	BOWMAN, KATHLEEN H	
STREET ADDRESS	RD 1 BOX 360 A, TABLE ROCK LANE	
CITY - ST - ZIP	WHEELING WV 26003	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HINCH, RICHARD	
STREET ADDRESS	416 WASHINGTON AVE	
CITY - ST - ZIP	CARNEGIE PA 15106	
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		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen H Bowman	
STREET ADDRESS	416 Washington Ave	
CITY - ST - ZIP	Carnegie, PA 15106	
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 exemptions contained in Section 119, 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: Kathleen H Bowman Kathleen H Bowman

President

4/16/07

304-277-5005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #