

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000036712

1. Entity Name
NATIONAL SECURITY ASSOCIATES INC.



Principal Place of Business

**ATTN: SAL PLAIA
12724 WHITBY STREET
WELLINGTON, FL 33414**

Mailing Address

**ATTN: SAL PLAIA
12724 WHITBY STREET
WELLINGTON, FL 33414**



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0598233	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

**PLAIA, SALVATORE
12724 WHITBY ST
WELLINGTON, FL 33414**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**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

TITLE	P
NAME	PLAIA, SALVATORE
STREET ADDRESS	12724 WHITBY ST.
CITY- ST- ZIP	WELLINGTON, FL 33414
TITLE	VP
NAME	RIZZUTO, SAL
STREET ADDRESS	1005 AVILES CT.
CITY- ST- ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/05/05-80130-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sal Plaia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 ⁵⁶¹
6061111
Date Daytime Phone #