

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90010 027 ***158.75

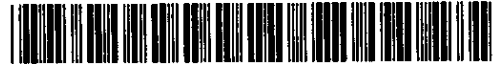
DOCUMENT # P02000037393

1. Entity Name
BENNETT SECURITY EQUIPMENT, INC.



Principal Place of Business
**6223 29TH STREET EAST
BRADENTON, FL 34203**

Mailing Address
**POST OFFICE BOX 0266
TALLEVAST, FL 34270-0266**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

04-3645853

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BENNETT, PAUL
6223 29TH STREET EAST
BRADENTON, FL 34203**

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 *Paul K. Bennett*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/14/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BENNETT, PAUL K**
STREET ADDRESS **4537 PRO CT. E.**
CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE **P** ☒ Change ☐ Addition
NAME **Bennett, Paul K**
STREET ADDRESS **4415 Rye Rd. North**
CITY-ST-ZIP **Parrish, Florida 34219**

TITLE **VP** ☐ Delete
NAME **BENNETT, DOREEN**
STREET ADDRESS **4537 PRO CT. E.**
CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE **VP** ☒ Change ☐ Addition
NAME **Bennett, Doreen**
STREET ADDRESS **4415 Rye Rd North**
CITY-ST-ZIP **Parrish, Florida 34219**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Doreen Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/04
Date

941-755-2969
Daytime Phone #

Attachment
Doc # PD2000037393
54062824

Per
St. Dept of State
Late fees waived
Didn't receive
Renewal Card.
Thanks.
D. Bennett