


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90084 013 \*\*\*158.75

<b>DOCUMENT # P02000037393</b>	
1. Entity Name <b>BENNETT SECURITY EQUIPMENT, INC.</b>	

Principal Place of Business <b>6223 29TH STREET EAST BRADENTON FL 34203</b>	Mailing Address <b>POST OFFICE BOX 0266 TALLEVAST FL 34270-0266</b>
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**20015388**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>4415 North Rye Rd.</b>	3. Mailing Address <b>4415 North Rye Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Parrish Florida</b>	City & State <b>Parrish Florida</b>
Zip <b>34219</b>	Country <b>Manatee</b>

4. FEI Number <b>04-3645853</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BENNETT, PAUL 6223 29TH STREET EAST BRADENTON FL 34203</b>	
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7. Name and Address of New Registered Agent	
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 <i>Paul K. Bennett</i>	DATE <i>2/15/05</i>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENNETT, PAUL K 4415 RYE RD NORTH PARRISH FL 34219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENNETT, DOREEN 4415 RYE RD NORTH PARRISH FL 34219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Doreen Bennett</i>	<i>Doreen Bennett</i>	DATE <i>2/15/05</i>	DAYTIME PHONE # <i>941-723-8803</i>
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