


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000056181	
1. Entity Name SECURITY SYSTEMS OF NORTH CENTRAL FLORIDA, INC.	

Principal Place of Business 7011 NORTHWEST 52ND TERRACE GAINESVILLE, FL 32653	Mailing Address 7011 NORTHWEST 52ND TERRACE GAINESVILLE, FL 32653
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3672751	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

BROOKER, DONNA L
7011 NW 52ND TERRACE
GAINESVILLE, FL 32653

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6. 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME BROOKER, DONNA L
STREET ADDRESS 7011 NORTHWEST 52ND TERRACE	CITY-ST-ZIP GAINESVILLE, FL 32653
TITLE VSTD	NAME BROOKER, DONALD L
STREET ADDRESS 7011 NORTHWEST 52ND TERRACE	CITY-ST-ZIP GAINESVILLE, FL 32653
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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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02/18/08-80023-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, the empowered.

SIGNATURE: Donna L. Brooker 2/7/08 352.283.1285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #