


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000085220	
1. Entity Name ASHLAND SECURITY, INC.	

Principal Place of Business 17225 S.W. 109 COURT MIAMI, FL 33157	Mailing Address 17225 S.W. 109 COURT MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



05182004 No Chg-P CR2E034 (10/03)

4. FEI Number 76-0711542	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONFIDENT, ALBERT MOISES
17225 S.W. 109 COURT
MIAMI, FL 33157

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD YEAMPIERRE, JOSEPH E 4245 S.W. 84 AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONFIDENT, ALBERT M 17225 S.W. 109 COURT MIAMI, FL 33157
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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: JOSEPH E. Yeampierre 5-18-04 (786) 258-6692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #