2005 FOR PROFIT CORPORATION

FILED \mathbf{M}

ANNUAL REPORT					Sep 02,	2005 08:00 A
DOCU	MENT # P020000875		}	Secr	etary of State	
1. Entity Nam				ŀ		·
SPIRITS	ECURITY, INC.					
Principal Plac	e of Business	Mailing Address]		
	EDAR LANE WEST	2067 RED CEDAR LANE WEST		1		
CLEARWATE	R, FL 33763	CLEARWATER, FL 33763				
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					i Batisa ilian sadih dalah dakit 9	
DO NOT WRITE IN THIS SPA			CE	07302005	No Chg-P	CR2E034 (10/03)
	O NO! WHILE	IN THIS SPA	CE	4. FEI Numb 52-237		Applied For Not Applicable
			!		of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				<u> </u>
CURTIS, J		no	NOT WE	DITE		
2067 RED CEDAR LANE WEST CLEARWATER, FL 33763				-	_	
CLEARWA	AIER, FE 33/03			IN .	THIS SPA	ACE
8. The above	named entity submits this statement for the	ne purpose of changing its registere	ed office or register	ed agent, or bo	th, in the State of Florid	da. I am familiar with, and accept
the obligat	ions of registered agent.			_		
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE, Registero	d Agent signature required	when reinstating)	<u>at</u> 9.	DATE
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees	In accordance wit corporation did no	h s. 607.193(2)(b), F.S., the treceive the prior notice.
10.	OFFICERS AND DI	RECTORS				
TITLE NAME	PSTD CURTIS, JOHN R				i boratana	
STREET ADDRESS	2067 RED CEDAR LANE WEST		İ		00000	0377858 -80017-016 150.00
CITY-ST-ZIP	CLEARWATER, FL 33763				22,21,00	ocor: 010 120"[0]
TITLE NAME	D CURTIS, AUDREY P		ļ			
STREET ADDRESS	2067 RED CEDAR LANE WEST					
CITY-SI-ZIP	CLEARWATER, FL 33763	<u> </u>				
TITLE Name						
STREET ADDRESS				no	NOT ME	OITE
CITY-ST-ZIP		·	ļ		NOT WE	_
TITLE NAME				IN.	THIS SPA	ACE
STREET ADDRESS						
CRY-ST-ZIP						-
TITLE NAME						
STREET ADDRESS						
CITY-ST-ZIP						_
TITLE						

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:

STREET ADDRESS CiTY-ST-ZIP

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR