

MAR-10-2005 12:53

STARR SECURITY

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90308 044 ***150.00

DOCUMENT # P02000090592

1. Entry Name
CAPE ALARMS, INC.Principal Place of Business
1722 DAL PRADO BLVD
SUITE 2
CAPE CORAL, FL 33990Mailing Address
1800 NORTHGATE BLVD UNIT A-2
SARASOTA, FL 34234**50042657**

2. Principal Place of Business

836 NE TERRACE UNIT #2

3. Mailing Address

Suite, Apt. #, etc.

03102005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Cape Coral

Suite, Apt. #, etc.

City & State

Ft. Myers

City & State

4. FEI Number
13-4208772Applied For
Not Applicable

Zip

33909

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILCOX, DAVID WESQ
1301 6TH AVENUE WEST SUITE 401
BRADENTON, FL 34205

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WILCOX, DAVID W
STREET ADDRESS 1301 6TH AVENUE WEST SUITE 401
CITY-STATE-ZIP BRADENTON, FL 34205TITLE P ☐ Delete
NAME CURRAN, DONALD F
STREET ADDRESS 7515 WEEPING WILLOW DRIVE
CITY-STATE-ZIP SARASOTA, FL 34241TITLE VPST ☐ Delete
NAME CURRAN, MARK N
STREET ADDRESS 4735 E TRAILS DRIVE
CITY-STATE-ZIP SARASOTA, FL 34232TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

D. E. CURRAN, PRES 4/15/05 941-358-9937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #