


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000108919 1. Entity Name AMERICAN ALARM SYSTEMS OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 2557 NURSERY ROAD STE B CLEARWATER, FL 33764	Mailing Address 2557 NURSERY ROAD STE B CLEARWATER, FL 33764
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1651347	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, MANUEL 2557 NURSERY RD., STE B CLEARWATER, FL 33765

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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when re-filing)	DATE 07/10/07-80024-025 150.00
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RODRIGUEZ, MANUEL 2557 NURSERY ROAD STE B CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RODRIGUEZ, DIANNE 2557 NURSERY ROAD STE B CLEARWATER, FL 33764
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IN THIS SPACE**

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 like empowered.

SIGNATURE: <u>Manuel Rodriguez</u> <u>MANUEL RODRIGUEZ</u> <u>7/7/7</u> <u>727-536-5610</u>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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