

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114822

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: VISION FIRE & SECURITY, INC.

## Current Principal Place of Business:

4053 PETERS RD.  
PLANTATION, FL 33317

## New Principal Place of Business:

4053 PETERS RD.  
5  
PLANTATION, FL 33317

## Current Mailing Address:

4053 PETERS RD.  
PLANTATION, FL 33317

## New Mailing Address:

4053 PETERS RD.  
4  
PLANTATION, FL 33317

FEI Number: 43-1983990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KOTRADY, JOSEPH  
4053 PETERS RD.  
PLANTATION, FL 33317

## Name and Address of New Registered Agent:

ALVIS, KYLE L P  
4053 PETERS RD  
5  
PLANTATION, FL 33317

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.

SIGNATURE: KYLE L. ALVIS

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KOTRADY, JOSEPH  
Address: 4053 PETERS RD.  
City-St-Zip: PLANTATION, FL 33317

Title: V ( ) Delete  
Name: ALVIS, KYLE  
Address: 4053 PETERS RD.  
City-St-Zip: PLANTATION, FL 33317

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: ALVIS, KYLE L DPS  
Address: 4053 PETERS RD. #5  
City-St-Zip: PLANTATION, FL 33317

Title: DVT (X) Change ( ) Addition  
Name: COSGRAVE, STEPHEN J DVT  
Address: 4053 PETERS RD. #5  
City-St-Zip: PLANTATION, FL 33317

Title: O ( ) Change (X) Addition  
Name: KEN, KOTRADY J O  
Address: 4053 PETERS RD.  
City-St-Zip: PLANATATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLE L. ALVIS

DPS

01/13/2004

Electronic Signature of Signing Officer or Director

Date