


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90068 021 ***150.00

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| DOCUMENT # P02000115777 |  |
| 1. Entity Name TWIN CITY SECURITY, INC. | |

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| Principal Place of Business 2300 PALM BEACH LAKE BLVD STE 306 WEST PALM BEACH FL 33409 | Mailing Address 105 SO. GARFIELD STREET 100 CAMBRIDGE MN 55008 |
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|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E034 (10/04)

| | | |
|--|--|---|
| 4. FEI Number 14-1853740 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

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| 6. Name and Address of Current Registered Agent LARRABEE, JOHN J 8085 SAW PALMETTO LANE BOYNTON BEACH FL 33436 | 7. Name and Address of New Registered Agent Name <u>DONNA J SHRIDER</u> Street Address (P.O. Box Number is Not Acceptable) <u>2300 PALM BEACH LAKE BLVD</u> City <u>WEST PALM BEACH</u> FL Zip Code <u>33409</u> |
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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 JOHN E. NESVOLD VICE PRESIDENT 2-17-05
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 \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD LARRABEE, JOHN J 8085 SAW PALMETTO LANE BOYTON BEACH FL 33436 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD NESVOLD, JOHN E 212 WEST RIVERSIDE AVE MELROSE MN 56352 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD NESVOLD, JOHN E 212 WEST RIVERSIDE AVE MELROSE MN 56352 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SHRIDER, DONNA J 2300 PALM BEACH LAKE BLVD WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: JOHN E NESVOLD 2-17-05 763-784-4160
Signature and typed or printed name of signing officer or director Date Daytime Phone #