

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000122759 1. Entity Name SAFE HOME SECURITY, INCORPORATED	
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Principal Place of Business 13965 COLLIER BLVD NAPLES, FL 34119 US	Mailing Address 13965 COLLIER BLVD NAPLES, FL 34119 US
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04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1660210	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SOBEL, RAYMOND M JR
13965 COLLIER BLVD
NAPLES, FL 34119**

**DO NOT WRITE
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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOBEL, RAYMOND M JR 13965 COLLIER BLVD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA WIEDER, EDWARD W 27321 S.W. 164 TH COURT HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC BUCKENMYER, JOEL D 1811 CREST STREET HASLETT, MI 48840
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000527975
05/05/06-80017-025 150.00

**DO NOT WRITE
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 supplement thereto 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 affidavit, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #