

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000007749

1. Entity Name
FOX SECURITY GROUP, INC.



Principal Place of Business

% TIMOTHY A. FOX
6020 LAKE WORTH ROAD
GREENACRES, FL 33463

Mailing Address

% TIMOTHY A. FOX
6020 LAKE WORTH ROAD
GREENACRES, FL 33463

DO NOT WRITE IN THIS SPACE

05182006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0108083

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, TIMOTHY A
% TIMOTHY A. FOX
6020 LAKE WORTH ROAD
GREENACRES, FL 33463

**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 \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | FOX, TIMOTHY A |
| STREET ADDRESS | 6020 LAKE WORTH ROAD |
| CITY- ST- ZIP | GREENACRES, FL 33463 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-19-06