

2004 FC PROFIT CORPORATION ANNUAL REPORT (AR)

5/17/2004-90017-033-\$150.00-\$150.00

B122

DOCUMENT # P03000024199

1. Entity Name
SECURITY ENFORCEMENT ACADEMY, INC.



FILED

04 OCT 15 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

TR

Principal Place of Business
149 SOUTHWEST 1ST AVENUE
HOMEBASE FL 33030

Mailing Address
149 SOUTHWEST 1ST AVENUE
HOMEBASE FL 33030

2. Principal Place of Business
1032 S. MILITARY TRAIL
Suite, Apt. #, etc.

3. Mailing Address
1032 S. MILITARY TRAIL
Suite, Apt. #, etc.

City & State
WPB FL 33415

City & State
1032 S. MILITARY TRAIL
Zip
33415 Country
U.S.

4. FEI Number
45-052-4614

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PSID JEANTY, GARY J 1032 S. MILITARY TRAIL WPB FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bernard Jeanty	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Claudette Jeanty 1032 S. MILITARY TRAIL WPB FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIERRE Jeanty 1032 S. MILITARY TRAIL WPB FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Claudette Jeanty 1032 S. MILITARY TRAIL WPB FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President Pierre Jeanty 1032 S. MILITARY TRAIL WPB FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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)(f), 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]* 6/18/04 561-721-0831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



SEA

SECURITY ENFORCEMENT ACADEMY INC.

License DS2300065

1-800-656-5541

1032 S. Military Trail
West Palm Beach, FL 33415
Phone: (561) 721-0831

Web: www.seacademy.com
Email: Info.seacademy.com
Fax: (561) 721-0832

TO: Division of Corporations

From: President (Gary J. Jeanty)

Reference letter #: 704A00054014

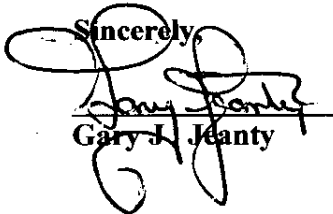
ATTN: Mrs. Tina Roberts

Dear Madame,

Please assist us with the process of rendering pertinent information requested of your office, also In understanding the circumstance that has prolonged a simple process. The Funds requested of \$150.00 was mailed in a timely manner but the changed information on annual report form was postmarked within 30 days at every time that it was mailed . Your office was not able to attend to any changes by phone, which would have expedited these problems. Please waive additional cost being assessed to \$150.00 and allow us to rectify all information that you have requested and if needed I can be reached in my office at any time during working hours please contact me in reference to any other complications that I should be aware of I have attached the following:

1. A check for \$8.75 for certificate
 2. Secretary Claudette Jeanty add
 3. Vice president Pierre jeanty add
- Address 1032 s. military trail wpb FL 33415

Sincerely,



Gary J. Jeanty