

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024993

FILED
Feb 20, 2004
Secretary of State

Entity Name: IDEAL SECURITY TRAINING ACADEMY, INC.

Current Principal Place of Business:

211 NORTH RIDGEWOOD AVE., #203
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

211 NORTH RIDGEWOOD AVE., #203
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 04-3746011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, STEVEN G
211 NORTH RIDGEWOOD AVE., #203
DAYTONA BEACH, FL 32114

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COX, STEVEN G
Address: 211 NORTH RIDGEWOOD AVE., #203
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD () Delete
Name: RACINE, JEROME C
Address: 211 NORTH RIDGEWOOD AVE., #203
City-St-Zip: DAYTONA BEACH, FL 32114

Title: STD () Delete
Name: COX, DIANE M
Address: 211 NORTH RIDGEWOOD AVE., #203
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: HARTE, STEPHEN
Address: 211 NORTH RIDGEWOOD AVE., #203
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DIANE M. COX

STD

02/20/2004

Electronic Signature of Signing Officer or Director

Date