


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90215 031 ***150.00

DOCUMENT # P03000044799 1. Entity Name ALL POINTS SECURITY & SURVEILLANCE, INC.					
Principal Place of Business 5619 HOLLOW OAK ROAD ORLANDO, FL 32808			Mailing Address 5619 HOLLOW OAK ROAD ORLANDO, FL 32808		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 680361			
City & State		City & State Orlando, FL		4. FEI Number 33-1069284	
Zip 32868		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, EDWARD A 750 S. ORANGE BLOSSOM TR., SUITE 219 ORLANDO, FL 32805			7. Name and Address of New Registered Agent Name Edward A. Smith Street Address (P.O. Box Number is Not Acceptable) 5619 Hollow Oak Road City Orlando FL Zip Code 32808		
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 <u>Edward A. Smith, President</u> DATE <u>4/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SMITH, EDWARD A 750 S. ORANGE BLOSSOM TR., SUITE 219 ORLANDO, FL 32805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5619 Hollow Oak Road Orlando, FL 32808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SMITH, EDWARD T 750 S. ORANGE BLOSSOM TR., SUITE #40 ORLANDO, FL 32805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5619 Hollow Oak Road Orlando, FL 32808	
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	
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: <u>Edward A. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/28/04</u> (807) 243-8329 <small>Date Daytime Phone #</small>		