

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000044799

1. Entity Name

ALL POINTS SECURITY & SURVEILLANCE, INC.



Principal Place of Business

750 S. ORANGE BLOSSOM TRAIL  
SUITE 227  
ORLANDO, FL 32805

Mailing Address

P.O. BOX 680361  
ORLANDO, FL 32868

FILED  
05 JUL 13 PM 4:03  
SECRET  
FALL 2005



07092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

33-1069284

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, EDWARD A  
5619 HOLLOW OAK ROAD  
ORLANDO, FL 32808

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | PT                   |
| NAME           | SMITH, EDWARD A      |
| STREET ADDRESS | 5619 HOLLOW OAK ROAD |
| CITY-ST-ZIP    | ORLANDO, FL 32808    |
| TITLE          | VPS                  |
| NAME           | SMITH, EDWARD T      |
| STREET ADDRESS | 5619 HOLLOW OAK ROAD |
| CITY-ST-ZIP    | ORLANDO, FL 32808    |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

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**DO NOT WRITE  
IN THIS SPACE**

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:

*Edward A. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/05

Date

Daytime Phone #