

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90215 020 ***158.75

14010049



02032004 Chg-P CR2E034 (10/03)

4. FEI Number
30-0135954
Applied For
Not Applicable

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

DOCUMENT # P03000046866

1. Entity Name
SECURITY - SWEEP INC.



Principal Place of Business
**1245 REYNOLDS ROAD
LAKELAND, FL 33801**

Mailing Address
**1245 REYNOLDS ROAD
LAKELAND, FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33801

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ANDREWS, MICHAEL A
1245 REYNOLDS ROAD
LAKELAND, FL 33801**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing **NO!**
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ANDREWS, MICHAEL A**
STREET ADDRESS **1245 REYNOLDS ROAD**
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Michael A. Andrews**
STREET ADDRESS **1245 Reynolds Rd**
CITY-ST-ZIP **Lakeland, FL 33801**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Mark Andrews**
STREET ADDRESS **917 Fairlee Street**
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Sharon Andrews**
STREET ADDRESS **1245 Reynolds Road**
CITY-ST-ZIP **Lakeland, FL 33801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

(813) 668-9152

Daytime Phone #

150.00 + 8.75 = \$158.75