

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90108 049 \*\*\*158.75

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
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2. Principal Place of Business 6084 Mission Drive Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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07102005 Chg-P CR2E034 (10/03)

City & State Lakeland, FL	City & State
Zip 33813	Country USA

4. FEI Number 30 31-0135954	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDREWS, MICHAEL A 1245 REYNOLDS ROAD LAKELAND, FL 33801	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6084 MISSION DRIVE City LAKE LAND FL Zip Code 33813	
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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>Michael A. Andrews</u> DATE: <u>7/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDREWS, MICHAEL A 1245 REYNOLDS ROAD LAKELAND, FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANDREWS, MARK 817 FARLEE ST. LAKELAND, FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANDREWS, SHARON 1245 RENOLDS ROAD LAKELAND, FL 33801 <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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6084 MISSION DRIVE LAKE LAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6080 MISSION DRIVE LAKE LAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6084 MISSION DRIVE LAKE LAND, FL 33813
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	<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>Michael A. Andrews</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>7/20/05</u>	TELEPHONE: <u>(863) 698-1198</u>