

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

02-11-2004 90036 003 ***150.00

DOCUMENT # P03000063668 1. Entity Name WHILE YOU'RE AWAY HOME WATCH SERVICES, INC.					
Principal Place of Business P.O. BOX 408 ESTERO, FL 33928-0408			Mailing Address P.O. BOX 408 ESTERO, FL 33928-0408		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent SOUTHWEST PROFESSIONAL SERV. OF S. FL. INC 13571 MCGREGOR BLVD., #22 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FEI Number 58-2671978		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			DATE _____		
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	PD KNUDSON, DALLAS 20918 ISLAND SOUTH CIR., #404 ESTERO, FL 33928	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KNUDSON, KAREN 20918 ISLAND SOUTH CIR., #404 ESTERO, FL 33928	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALTMAN, SCOTT 7941 DENI DRIVE NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALTMAN, PAMELA 7941 DENI DRIVE NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALTMAN, PAMELA 7941 DENI DRIVE NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALTMAN, PAMELA 7941 DENI DRIVE NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete			
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>Dallas Knudson</u> 2/9/04 (239) 209-1662					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66406403



01262004 Chg-P CR2E034 (10/03)

4. FEI Number **58-2671978** Applied For Not Applicable

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

FL

Zip Code

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD KNUDSON, DALLAS	<input type="checkbox"/> Delete
NAME	20918 ISLAND SOUTH CIR., #404	
STREET ADDRESS	ESTERO, FL 33928	
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KNUDSON, KAREN	
STREET ADDRESS	20918 ISLAND SOUTH CIR., #404	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ALTMAN, SCOTT	
STREET ADDRESS	7941 DENI DRIVE	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ALTMAN, PAMELA	
STREET ADDRESS	7941 DENI DRIVE	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: Dallas Knudson 2/9/04 (239) 209-1662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #