

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000103936

1. Entity Name  
VICOM GROUP NORTH AMERICA, INC.



Principal Place of Business  
21 FOREST VIEW WAY  
ORMOND, FL 32174 US

Mailing Address  
21 FOREST VIEW WAY  
ORMOND, FL 32174 US



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2418715

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TRASK, JOHN R MR  
579 PALM DRIVE  
NEW SMYRNA BEACH, FL 32168

**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**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	CHR
NAME	LUSBY, DAVID MR
STREET ADDRESS	21 FOREST VIEW WAY
CITY- ST- ZIP	ORMOND BEACH, FL 32174
TITLE	VCHR
NAME	MATHESON, NEIL MR
STREET ADDRESS	154 GREENRIDGE ROAD
CITY- ST- ZIP	LAKE WYLIE, SC 29710
TITLE	PRES
NAME	TRASK, JOHN R MR
STREET ADDRESS	579 PALM DRIVE
CITY- ST- ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000000186404  
01/21/05-80055-017 158.75

**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)(f), 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:

*David Lusby* DAVID LUSBY

1/17/05

386 931-9148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #