

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State

04-27-2005 90287 004 ***150.00

DOCUMENT # P03000121702 1. Entity Name D & A ALARMS INC.			
Principal Place of Business HOME COOPER CITY, FL 33328		Mailing Address 5841 S.W. 88 TERR. COOPER CITY, FL 33328	
2. Principal Place of Business 5841 S.W. 88 Terr. Suite, Apt. #, etc.		3. Mailing Address 5841 S.W. 88 Terr. Suite, Apt. #, etc.	
City & State Cooper City FL Zip 33328		City & State Cooper City FL Zip 33328	
Country USA		Country USA	
4. FEI Number APPLIED FOR 90-0120355		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PYATT, JAMES 5841 S.W. 88 TERR. COOPER CITY, FL 33328		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐	
\$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME PYATT, JAMES STREET ADDRESS 5841 S.W. 88 TERR. CITY-ST-ZIP COOPER CITY, FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/24/05 954-240-8727 Daytime Phone #	

66020440



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