


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

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| DOCUMENT # P03000151886 |  |
| 1. Entity Name GLADES ALARM SERVICE, INC. | |

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| Principal Place of Business 141 SOUTH MAIN STREET BELLE GLADE, FL 33430 | Mailing Address 141 SOUTH MAIN STREET BELLE GLADE, FL 33430 |
|---|---|

DO NOT WRITE IN THIS SPACE



03192008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 54-2136847 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LAKATOS, JOSEPH J
141 SOUTH MAIN STREET
BELLE GLADE, FL 33430

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000912703 05/07/08-80090-022 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LAKATOS, JOSEPH J 141 SOUTH MAIN STREET BELLE GLADE, FL 33430 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LAKATOS, MICHAEL 225 ROYAL PALM DRIVE BELLE GLADE, FL 33430 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC LAKATOS, LINDA M 141 SOUTH MAIN STREET BELLE GLADE, FL 33430 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joseph Lakatos Date: 4/17/08 Daytime Phone #: 561-996-8870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Lakatos