2004 FOR PROFIT CORPORATION

Mar 02, 2004 8:00 am Secretary of State 💇 📨 - ANNUAL REPORT (AR) DOCUMENT # P03000155150 1. Entity Name 03-02-2004 90008 045 ***150.00 RANDY MARQUANDT ALARM SYSTEM, INC MARQUARDT Principal Place of Business Mailing Address 10351 W TERRY STREET BONITA SPRINGS FL 34135 10351 W TERRY STREET BONITA SPRINGS FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 20.0519476 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARQUANDT, RANDY Street Address (P.O. Box Number is Not Acceptable) 10361 W TERRY ST • **BONITA SPRINGS FL 34135** CORRECT Zip Code 10361 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 ager 2-24-04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5:00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Change TITLE Delete MARQUANDT, RANDY NAME STREET ADDRESS 10351 W TERRY ST STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS 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 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 Daytime Phone #