


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90127 023 ***150.00

DOCUMENT # P04000089744	
1. Entity Name SECURITY PRODUCTS UNDER DEVELOPMENT, INC.	

Principal Place of Business 2228 1ST STREET SOUTH JACKSONVILLE BEACH FL 32250	Mailing Address 2228 1ST STREET SOUTH JACKSONVILLE BEACH FL 32250
---	---

14015750



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 278 No. 20th. St.	3. Mailing Address 278 No. 20th. St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville Beach FL	City & State Jacksonville Beach FL
Zip 32250	Zip 32250
Country USA	Country USA

4. FEI Number 20 127 1838	Applied For <input type="checkbox"/> Not Applicable
-------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CHRISTOPHER CUMBERLAND 115 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA BEACH FL 32082	7. Name and Address of New Registered Agent Name Christopher Cumberland Street Address (P.O. Box Number is Not Acceptable) 278 No. 20th. St. City Jacksonville Beach FL Zip Code 32250
---	---

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  (Christopher Cumberland) 4/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President Herbert W. Reynolds 86 Players Club Villas Rd. Ponte Vedra Beach FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Vice-President Philip A. Briggs 12949 Chats Creek Jacksonville FL 32224-7482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Vice-President Christopher R. Cumberland 2228 1st St. So. Jacksonville Beach FL 32250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SEC/TREAS S. Carol Reynolds 86 Players Club Villas Rd Ponte Vedra Beach, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  (S. Carol Reynolds) 4/29/05 904-247-6779
Signature and typed or printed name of signing officer or director Date Daytime Phone #