

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90031 033 \*\*\*158.75

40042218



02032005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000090226</b> 1. Entity Name <b>DEVCON SECURITY SERVICES CORP.</b> <b>NAME CHANGED TO: Devcon Security Holdings Inc.</b>																																																																																			
Principal Place of Business <b>1350 E NEWPORT CENTER DR - STE 201 DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>1350 E NEWPORT CENTER DR - STE 201 DEERFIELD BEACH, FL 33442</b>																																																																																
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">06-1729452</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div>																																																																															
City & State		City & State																																																																																	
Zip      Country		Zip      Country																																																																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>MCMILLAN, JANETT % DEVCON INTERNATIONAL CORP. 1350 E NEWPORT CENTER DR - STE 201 DEERFIELD BEACH, FL 33442</b>																																																																															
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE _____																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> <b>D</b>  <b>SMITH, DONALD L JR</b>  <b>1350 E NEWPORT CENTER DR - STE 201</b>  <b>DEERFIELD BEACH, FL 33442</b> </td> <td style="width: 20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete         </td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> <b>P/D</b>  <b>Ruzika, Stephen J.</b>  <b>1350 E. 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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.																																																																																			
<b>SIGNATURE:</b> _____ <b>3/24/05</b> <b>954-429-1500</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																																																																			