

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90081 044 ***158.75

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1. Entity Name

SECURE REAL ESTATE MANAGEMENT, INC.



Principal Place of Business

**290 PARNELL ST
MERRITT ISLAND FL 32953**

Mailing Address

**290 PARNELL ST
MERRITT ISLAND FL 32953**

2. Principal Place of Business

P.O. BOX 540029

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 540029

Suite, Apt. #, etc.

20014207



1st MOORE

CR2E034 (10/04)

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
20-1328084

Applied For
Not Applicable

Zip Country
32854 USA

Zip Country
32854 USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEBLOIS, RALPH L

~~290 PARNELL ST~~

~~MERRITT ISLAND FL 32953~~

Name
RALPH L. DEBLOIS

Street Address (P.O. Box Number Not Acceptable)

934 N. MAGNOLIA AVENUE,

SUITE 310

City Zip Code
ORLANDO, FL 32803

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 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 P ☐ Delete
NAME DEBLOIS, RALPH L
STREET ADDRESS ~~290 PARNELL ST~~
CITY-ST-ZIP ~~MERRITT ISLAND FL 32953~~

TITLE V ☐ Delete
NAME MORGERA, MARGARET
STREET ADDRESS P.O. BOX 540029
CITY-ST-ZIP ORLANDO FL 32854

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **934 N. MAGNOLIA AVENUE, #310**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Ralph L. DeBlois*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05

Date

Daytime Phone #