

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90029 044 ***150.00

DOCUMENT # P04000130994

1. Entity Name
BUSINESS SECURITY FORCE & INVESTIGATIONS, INC.



Principal Place of Business
**2027 CORNER SCHOOL DRIVE
ORLANDO, FL 32820 US**

Mailing Address
**2027 CORNER SCHOOL DRIVE
ORLANDO, FL 32820 US**

60000707



2. Principal Place of Business
1967 CORNER GLEN DR

3. Mailing Address
1967 CORNER GLEN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006

Chg-P

CR2E034 (11/05)

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
56-2483916

Applied For
Not Applicable

Zip
32820

Country
US

Zip
32820

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUTFIELD, JEFFREY
2027 CORNER SCHOOL DRIVE
ORLANDO, FL 32820**

7. Name and Address of New Registered Agent

Name
RUTFIELD, JEFFREY
Street Address (P.O. Box Number is Not Acceptable)
1967 CORNER GLEN DR

City
ORLANDO FL Zip Code
32820

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
P/D
RUTFIELD, JEFFREY
STREET ADDRESS
2027 CORNER SCHOOL DRIVE
CITY-ST-ZIP
ORLANDO, FL 32820 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P/D
RUTFIELD, JEFFREY
STREET ADDRESS
1967 CORNER GLEN DR
CITY-ST-ZIP
ORLANDO, FL 32820 ☒ Change ☐ Addition

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

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

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

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

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-06 (407) 617-9134

Date

Daytime Phone #