

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000141955

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** GOLD LEAF SECURITY OF FLORIDA, INC.

**Current Principal Place of Business:**

103 CENTURY 21ST DR., STE 215  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

600 WEST JOHN STREET  
PO BOX 620  
HICKSVILLE, NY 11802

**New Mailing Address:**

103 CENTURY 21ST DR., STE 215  
JACKSONVILLE, FL 32216

**FEI Number:** 41-2154499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWAB, IRVING  
2240 WOOLBRIGHT RD STE 349  
BOYNTON BEACH, FL 33426 US

**Name and Address of New Registered Agent:**

SCHWAB, IRVING  
103 CENTURY 21 DRIVE  
#201  
JACKSONVILLE, FL 32216 US

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.

SIGNATURE:

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: SCHWAB, IRVING H MR  
Address: 103 CENTURY 21ST DR., STE 201  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IRVING H SCHWAB

CEO

02/18/2011

Electronic Signature of Signing Officer or Director

Date