


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000160885</b> 1. Entity Name J AND J SECURITY CONSULTANTS INC.	
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Principal Place of Business 5804 TROPHY LOOP LAKELAND, FL 33811	Mailing Address PO BOX 92746 LAKELAND, FL 33804
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01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1933187	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WESLEY, OSCAR J 5804 TROPHY LOOP LAKELAND, FL 33811
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**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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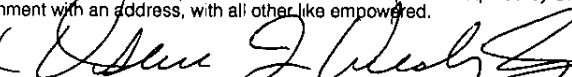
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESLEY, OSCAR J-- 5804 TROPHY LOOP LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENDERSON, JAMEY L 4405 MUSKET DRIVE LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSON, JAMEY L 4405 MUSKET DRIVE LAKELAND, FL 33810
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04/11/07-80025-022 150.00

**DO NOT WRITE  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/17/07 Daytime Phone # 863-529-3800