


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90051 039 ***158.75

DOCUMENT # P05000037554	
1. Entity Name ALLSTAR SECURITY & FIRE SYSTEMS, INC.	

Principal Place of Business 631 HAMPTON DOWNS CT JACKSONVILLE, FL 32259	Mailing Address 11250 OLD ST AUGUSTINE RD SUITE 15-318 JACKSONVILLE, FL 32257
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2. Principal Place of Business - No P.O. Box # 631 Hampton Downs Ct	3. Mailing Address 11250 Old St. Augustine Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 15-318

City & State Jacksonville fl	City & State Jacksonville fla
Zip 32259	Zip 32257
Country US	Country US

07032007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2500775	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CAPLAN, HOWARD A 6260 DUPONT STATION CT SUITE C JACKSONVILLE, FL 32217	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST GEOFFRIN, ALAN <input type="checkbox"/> Delete 11250 OLD ST AUGUSTINE RD SUITE 15-318 JACKSONVILLE, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alan Geoffrion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEOFFRIN, KAREN <input type="checkbox"/> Delete 11250 OLD ST AUGUSTINE RD SUITE 15-318 JACKSONVILLE, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Karen Geoffrion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Karen Geoffrion - Karen Geoffrion</u>	<u>7-3-07</u>	<u>904-287-4711</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #