

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152713

FILED  
May 01, 2006  
Secretary of State

Entity Name: LECANGEL SECURITY SERVICES, CORP.

## Current Principal Place of Business:

9803 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32257 US

## New Principal Place of Business:

5800 RAMONA BLVD  
JACKSONVILLE, FL 32205 US

## Current Mailing Address:

9803 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32257 US

## New Mailing Address:

672 ACORN CHASE DR.  
ORANGE PARK, FL 32065 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLEURMONS, ACENE F  
9803 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

FLEURMONS, ACENE F  
672 ACORN CHASE DR.  
ORANGE PARK, FL 32065 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: ACENE F FLEURMONS

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete  
Name: FLEURMONS, ACENE F  
Address: 9803 OLD ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE,, FL 32257 US

Title: DVP ( ) Delete  
Name: FLEURMONS, ANDRELLE  
Address: 9803 OLD ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE,, FL 32257 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: FLEURMONS, ACENE F  
Address: 5800 RAMONA BLVD  
City-St-Zip: ORANGE PARK, FL 32205 US

Title: DVP (X) Change ( ) Addition  
Name: FLEURMONS, ANDRELLE  
Address: 5800 RAMONA BLVD  
City-St-Zip: ORANGE PARK, FL 32205 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ACENE F FLEURMONS

DVP

05/01/2006

Electronic Signature of Signing Officer or Director

Date