

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000063223

1. Entity Name
BR & W PROFESSIONAL SECURITY AGENCY INC.



FILED

08 APR 15 PM 4: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**730 ROLLINS STREET
TALLAHASSEE, FL 32304**

Mailing Address
**730 ROLLINS STREET
TALLAHASSEE, FL 32304**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04152008 Chg-P CR2E034 (12/06)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ROLLINS, BARBARA M
730 ROLLINS STREET
TALLAHASSEE, FL 32304**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROLLINS, BARBARA M	
STREET ADDRESS	730 ROLLINS STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORING, WARNELL L	
STREET ADDRESS	3045 BARON LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32315	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROLLINS, THOMAS R	
STREET ADDRESS	737 ROLLINGS LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CORING TERRELL A CORING	
STREET ADDRESS	3045 BARON LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32315	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORING YASMIRE R CORING	
STREET ADDRESS	3045 BARON LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32315	
TITLE	D	<input type="checkbox"/> Delete
NAME	COZANT, AMY	
STREET ADDRESS	737 ROLLINS ST	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100123544281
CITY-ST-ZIP	04/15/08--01024--014 **372.50
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	737 Rollins St
CITY-ST-ZIP	32304
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Barbara M. Rollins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08

224-2276

Date Daytime Phone #