2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P07000063223

Entity Name: BR & W PROFESSIONAL SECURITY AGENCY INC.

Current Principal Place of Business:

730 ROLLINS STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

730 ROLLINS STREET
TALLAHASSEE, FL 32304

New Mailing Address:

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

Name and Address of Current Registered Agent:

ROLLINS, BARBARA M
730 ROLLINS STREET
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROLLINS, BARBARA M
Address: 730 ROLLINS STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: CORING, WARNELL L
Address: 3045 BARON LANE
City-St-Zip: TALLAHASSEE, FL 32315

Title: D ( ) Delete
Name: ROLLINS, THOMAS R
Address: 737 ROLLINS STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: DV ( ) Delete
Name: CORING, TERRELL A
Address: 3045 BARON LANE
City-St-Zip: TALLAHASSEE, FL 32315

Title: D ( ) Delete
Name: CORING, YASMIRE R
Address: 3045 BARON LANE
City-St-Zip: TALLAHASSEE, FL 32315

Title: D ( ) Delete
Name: COZANT, AMY
Address: 737 ROLLINS ST
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CORING, JASMINE R
Address: 3045 BARON LANE
City-St-Zip: TALLAHASSEE, FL 32315

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA COLLINS P 04/29/2009
Electronic Signature of Signing Officer or Director — Date