

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # P28459

1. Entity Name
INTEGRITY INTERNATIONAL SECURITY SERVICES, INC.



Principal Place of Business
211 UNIVERSITY AVENUE
P. O. BOX 274
CLARKSVILLE, TN 37041-0274 US

Mailing Address
211 UNIVERSITY AVENUE
P. O. BOX 274
CLARKSVILLE, TN 37041-0274 US



02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1016615

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FALARDEAU, RICHARD
11 SPRINGER COURT
ORMOND BEACH, FL 32174

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000639174
02/28/07-80016-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RIVERA, RIGOBERTO O.
STREET ADDRESS	812 WEATHERBY DR.
CITY-ST-ZIP	CLARKSVILLE, TN
TITLE	ST
NAME	CHAMBERS, JASMINE RIVERA
STREET ADDRESS	2845 WIMBLEDON COURT
CITY-ST-ZIP	CLARKSVILLE, TN 37043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, without other like empowered.

SIGNATURE:

- RIGOBERTO O. RIVERA

02/13/2007

(931) 647-5384

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #