2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2004 8:00 am Secretary of State

DOCUMENT # P9200002737 1. Entity Name SOUTHEAST SECURITY OF VOLUSIA, INC.						05-06-200)4 9019:	1 012 ***1	150.00
Principal Place of Business Mailing Address									
209 DOWNING ST		209 DOWNING ST			and the said	8	1404	ERRE	
NEW SMYRNA BEACH, FL '32168"		NEW SMYRNA BEACH, FL 32168					,000		
2. Principal Place of Business 7 Fairgreen Ave		3. Mailing Address P.O. Box 1485							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04000004	Oh - D	ODOFO	04 (40(00)		
				04292004	Chg-P	CHZEU	34 (10/03)		
City & State		City & State New Smyrna Beach, FL		4. FEI Numbe				Applicable	
New S	myrna Beach, FL	New Smyrna	Country	FL	59-3147			\$8.75 Addi	
32168		321701485	USÁ			of Status Desired	Ц	Fee Required	
. ** *	6. Name and Address of Current F	Registered Agent *** ** **			7. Name and	Address of New Ro	egistered A	Agent · * * *	* = - 4 · · · · ·
KENNÖVIN	I, COLIN	. 4114	Name Col:	in M	1. Kenno	ovin			
2560 TURNBULL BAY RD			Street Ad	Street Address (P.O. Box Number is Not Acceptable) / Fairgreen Ave					
NEW SMY	, 13	1115	LCCII A	<u> </u>					
			City					Zin Code	
17 18 17		Smy	myrna Beach, FL Zip Code 32168						
New Smyrna Beach, 32168 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 site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DAT									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND I		11.	ъ.		CHANGES TO OFFI	CERS AND		
TITLE NAME	DP KENNOVIN, COLÍN	Delete	TITLE NAME	D, E	P,VP,T,S	Kennovin		X Change	☐ Addition
STREET ADDRESS	2560 TURNBULL BAY RD		STREET ADDRESS	7 F	Tairgre	en Ave			
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 3216	88	CITY-ST-ZIP	New	Smyrna	a Beach,	FL	32168	
TITLE	DV	Delete	TITLE		•	-		Change	Addition
NAME	INGLES, THOMAS		NAME						
STREET ADDRESS CITY-ST-ZIP	124 AQUA CT NEW SMYRNA BEACH, FL 3216	S 8	STREET ADDRESS CITY-ST-ZIP						
TITLE	DT	⊠ Delete	TITLE					☐ Change	Addition
NAME	BRISSON, DENIS		NAME						_
STREET ADDRESS	1700 S RIVERSIDE DR		STREET ADDRESS						,
CITY-ST-ZIP	LAKE GENEVA, FL 32160		CITY-ST-ZIP					Channe	C Addition
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	•		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition
NAME CIDICET ADDRESS			NAME STREET ADDRESS						i
STREET ADDRESS CITY-ST-ZIP			CITY-\$1-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME					_ •	_
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	Charles the Section of the Control o	#E-1 #95 - 4 P4 - 7	CITY-ST-ZIP			N. Flasida Ctatur.	1 6:th=	etifications at a "	dormatic -
i iz inerenvi	certify that the information supplied with	THIS INDICTIONS HOLDWAIN TOUR	are exemption Sta	18 U III 36	50,1011 119.07(3)(n, monua statutes.	Truitine Ce	ı mıy uıdılı⊩ lf	nomadon

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 office or 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:

GNATURE AND TYPED OR PRINTED MALLE OF SIGNING OFFICER OR DIRECTOR

34/09 Davrime

Daytime Phone #