

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90029 014 ***150.00

DOCUMENT # P94000020335	
1. Entity Name ROSS SECURITY SYSTEMS INC.	

Principal Place of Business 333 N FALKENBURG RD B 315 TAMPA, FL 33619 US	Mailing Address 333 N FALKENBURG RD B-215 TAMPA, FL 33619 US
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50056687



2. Principal Place of Business 3230 Parkside Center Circle Suite, Apt. #, etc.	3. Mailing Address 3230 Parkside Center Circle Suite, Apt. #, etc.
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07082005 Chg-P CR2E034 (10/03)

City & State Tampa, Florida	City & State Tampa, Florida
Zip 33619	Zip 33619
Country U.S.	Country U.S.

4. FEI Number 59-3229657	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CALLEJA, GUY R 333 N FALKENBURG RD B-215 TAMPA, FL 33619	7. Name and Address of New Registered Agent Name Calleja, Guy R. Street Address (P.O. Box Number is Not Acceptable) 3230 Parkside Center Circle City Tampa FL Zip Code 33619
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALLEJA, GUY R 333 N FALKENBURG RD B-215 TAMPA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Calleja, Guy R. 3230 Parkside Center Circle Tampa, Florida 33619 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Amy R. Calleja 7-12-05 813-664-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DIRECTOR Date Daytime Phone #