

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

04-26-2004 91103 001 ***300.00

DOCUMENT # P94000037224 1. Entity Name GRAYMARK SECURITY GROUP, INC.			
Principal Place of Business 8211 WEST BROWARD BLVD. SUITE 430 PLANTATION, FL 33324		Mailing Address 8211 WEST BROWARD BLVD. SUITE 430 PLANTATION, FL 33324	
2. Principal Place of Business 7301 NW 4 STREET Suite, Apt. #, etc. SUITE 110 City & State PLANTATION Zip 33317		3. Mailing Address 7301 NW 4 STREET Suite, Apt. #, etc. SUITE 110 City & State PLANTATION Zip 33317	
Country FLORIDA		Country FLORIDA	
4. FEI Number 65-0596634		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOHN, JACQUELINE J. 8211 W. BROWARD BLVD. SUITE 430 PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name 7301 NW 4 STREET SUITE 110 City PLANTATION	
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: <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 5/12/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME KOHN, LAWRENCE G STREET ADDRESS 8211 W. BROWARD BLVD. #430 CITY-ST-ZIP PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KOHN, JACQUELINE J STREET ADDRESS 8211 W BROWARD BLVD SUITE 430 CITY-ST-ZIP PLANTATION, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5/10/04	
Daytime Phone # 954-581-5515			