2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000085713

1. Entity Name

THE ACADEMY OF APPLIED SECURITY SERVICES, INC.



FILED Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90653 013 ***150.00

INC.	•		%3	O VE TENS			
Principal Place	of Business E BOX 410912		Mailing Address				
MELBOURNE	FL 32941-0912	MELBOURNE FL 3294	41-0912	r	LIBBIURE ITE WIREGIN BOM SOM GOM BON BON BON		
2. Principal Place of Business		3. Mailing Address		<u>.</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)		
City & State		City & State			4. FEI Number 59-3344744 Applied For Not Applicable		
Zip	Country	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required		litional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
- Th 4	ستسبيرين يثي معيين يديب		Nan	ne	and the second s		
 TIMMERMANN, CRAIG W 996 VILLA DR MELBOURNE FL 32940 				Street Address (P.O. Box Number is Not Acceptable)			
**			City	,	FL	Zip Code	e
	named entity submits this statement ons of registered agent.	t for the purpose of changing i	ts registered offic	ce or registe	ered agent, or both, in the State of Florida. I am	amiliar with,	and accept
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	OTE: Registered Agent	signature require	od when reinstating) DATE		
After 🏄	LE NOW!!! FEE IS \$150.00 May 1, 2004 Fee will be \$550.0 Payable to Florida Department				Election Campaign Financing Trust Fund Contribution.		O May Be
· 1988年1月 - 東京市で表記される	The first term of the second o	(CA)			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	C INI 11
10.	DEFICERS AI	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND		
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2. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. 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 truefee 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

ICA 19 W. TIMMORMANN

4/3/04

321-259-2178

Daytime Phone #