

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000096422

1. Entity Name
SECURITY CONCEPTS OF TAMPA, INCORPORATED



Principal Place of Business
 221 CINDY LNAE
 BRANDON FL 33510
 US

Mailing Address
 PO BOX 906
 BRANDON FL 33509-906
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3354972**

Applied For
 Not Applicable

Zip Country

Zip Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STROHAKER, LAURIE
221 CINDY LANE
BRANDON FL 33510

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Laurie Strohaker

Signature, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when re-registering)

1-19-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE Delete
 NAME **P STROHAKER, WAYNE**
 STREET ADDRESS **221 CINDY LANE**
 CITY-STATE-ZIP **BRANDON FL 23351**

TITLE Delete
 NAME **VP STROHAKER, LAURIE**
 STREET ADDRESS **221 CINDY LANE**
 CITY-STATE-ZIP **BRANDON FL 33510**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
U00000595648
01/23/07-80049-002 150.00

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurie Strohaker

1-19-07

DATE

TELEPHONE #

813 684 6877