

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000080050

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: CENTRAL FLORIDA ALARM SERVICES, INC.

## Current Principal Place of Business:

3354 EDGEWATER DRIVE  
ORLANDO, FL 32804 US

## New Principal Place of Business:

1235 WEST FAIRBANKS AVE.  
ORLANDO, FL 32804 US

## Current Mailing Address:

3354 EDGEWATER DRIVE  
ORLANDO, FL 32804 US

## New Mailing Address:

1235 WEST FAIRBANKS AVE.  
ORLANDO, FL 32804 US

FEI Number: 59-3401747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERKSON, GARY M  
111 N. ORANGE AVENUE  
SUITE 1200  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DEAL, TROY M III  
Address: 2921 SADDLEBRED TRAIL  
City-St-Zip: CHULUOTA, FL 32766

Title: VP ( ) Delete  
Name: OPPELT, JR, JOSEPH L  
Address: 3700 HARGILL DRIVE  
City-St-Zip: ORLANDO, FL 32806

Title: VP ( ) Delete  
Name: PASHUCK, JR, EUGENE T  
Address: 8520 SUMMERVILLE PL  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY M. DEAL, III

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date