


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000001318	
1. Entity Name PROTEC SECURITY COMPANY	

Principal Place of Business 2360 HASSELL ROAD HOFFMAN ESTATES, IL 60195	Mailing Address 2360 HASSELL ROAD HOFFMAN ESTATES, IL 60195
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2. Principal Place of Business 1400 N. GANNON DR., 2ND FL	3. Mailing Address 1400 N. GANNON DR., 2ND FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HOFFMAN ESTATES, IL	City & State HOFFMAN ESTATES, IL
Zip 60194	Country USA
Zip 60194	Country USA



03122003 Chg-P CR2E034 (10/03)

4. FEI Number 36-4122933		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 CHRISTENSEN, RICHARD 29061 TORTISE TRAIL PUNTA GORDA, FL 33982		7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PS FULLER, JESSE J 1992 BLACKBERRY HOFFMAN ESTATES, IL 60195 <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
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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)(f), 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:  **JESSE FULLER** **5/18/04 847-310-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #