

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000044497

1. Entity Name  
BIG STAR SECURITY SERVICE, INC.



**FILED**  
04 FEB 19 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
305 E. GLENN ROAD  
MONTICELLO, FL 32344

Mailing Address  
P.O. BOX 111  
MONTICELLO, FL 32344-0111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3514316

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GLENN, RICHARD F  
305 E. GLENN ROAD  
MONTICELLO, FL 32344

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P ☐ Delete  
NAME GLENN, RICHARD  
STREET ADDRESS 305 E. GLENN ROAD  
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE V ☐ Delete  
NAME GLENN, STEVIE  
STREET ADDRESS 305 E. GLENN ROAD  
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE T ☐ Delete  
NAME GLENN, MARSHA  
STREET ADDRESS 305 E. GLENN ROAD  
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE S ☐ Delete  
NAME GLENN, RICKY  
STREET ADDRESS 305 E. GLENN ROAD  
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/2004

700029088987  
02/19/04--01003--026 \*\*200.00