

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000044497

1. Entity Name
BIG STAR SECURITY SERVICE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -6 AM 8:35

Principal Place of Business
~~520 EAST PARK AVE~~
TALLAHASSEE, FL 32301

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



2. Principal Place of Business

Big Star Security

3. Mailing Address

Suite, Apt. #, etc.

1325 EAST MAHAN DR

Suite, Apt. #, etc.

09062006

Chg-P

CR2E034 (11/05)

City & State

TALLAHASSEE FL

City & State

4. FEI Number

59-3514316

Applied For

Not Applicable

Zip

32300

Country

LEON

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
Due by September 15, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

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, RICHARD~~
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 **200079537952**
CITY-ST-ZIP **09/07/06--01002--003 **200.00**

TITLE ☒ Change ☐ Addition
NAME **GLENN STEVIE**
STREET ADDRESS **478 PINNEY WOOD RD**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **09/07/06 01002 003 **200.00**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **GLENN RICKY**
STREET ADDRESS **2450 ROBINSON FOREST RD**
CITY-ST-ZIP **POWDER SPRINGS GA 30127**

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 exemptions contained 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 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 #

9-6-2006