

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90002 036 ***150.00

DOCUMENT # P98000065584

1. Entity Name
SECURITY PLUS & ASSOCIATES, INC.



Principal Place of Business

**3350 GARDEN STREET
TITUSVILLE, FL 32796 US**

Mailing Address

**3350 GARDEN STREET
TITUSVILLE, FL 32796 US**

50063515



08122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3529764

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRUNEAU, BARBETTE L
3350 GARDEN STREET
TITUSVILLE, FL 32796**

**DO NOT WRITE
IN THIS SPACE**

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 7, 2005**

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 D
NAME BRUNEAU, LAWRENCE W
STREET ADDRESS ~~3115 NORFOLK STREET~~ **1327 WILDERNESS LN.**
CITY-ST-ZIP ~~MIMS, FL 32754~~ **TITUSVILLE, FL 32796**

TITLE D
NAME BRUNEAU, BARBETTE L
STREET ADDRESS ~~3115 NORFOLK STREET~~ **1327 WILDERNESS LN.**
CITY-ST-ZIP ~~MIMS, FL 32754~~ **TITUSVILLE, FL 32796**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Barbette BrunEAU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/05
Date

321-269-6156
Daytime Phone #