


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90733 023 ***150.00

DOCUMENT # P98000103615

1. Entity Name
STOP ALARMS, INC.



Principal Place of Business
 1506 OSCEOLA STREET
 JACKSONVILLE BEACH, FL 32250

Mailing Address
 P.O. BOX 5248
 SALT SPRINGS, FL 32134



2. Principal Place of Business
P.O. Box 5248

3. Mailing Address
 Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State
SALT SPRINGS FL

City & State
 Suite, Apt. #, etc.

Zip
32134 Country
Marion

4. FEI Number
59-3553631

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

O'NEILL, KAREN B
1009 21ST STREET NORTH
JACKSONVILLE BEACH, FL 32250

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

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 *Dan Coyne* *Dan Coyne* DATE *4/29/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVT COYNE, DANIEL J 1506 OSCEOLA STREET JACKSONVILLE BEACH, FL 32250 <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	P COYNE, DANIEL J 1506 OSCEOLA STREET JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Dan Coyne* *Dan Coyne* DATE *4/29/04* (904) 244-8559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #