


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000025913 1. Entity Name BOYLE CUSTOM SECURITY SYSTEMS, INC.					
Principal Place of Business 3475 1ST RD. VERO BEACH FL 32968			Mailing Address 3475 1ST RD. VERO BEACH FL 32968		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3564565	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent BOYLE, STEVEN 3475 1ST RD. VERO BEACH FL 32968		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOYLE, STEVEN 3475 1ST RD. VERO BEACH FL 32968	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHAPIRO, KRISTINA W 1500 LOBDELL AVE BATON ROUGE LA 70806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOYLE, TERESA L 3475 1ST RD VERO BEACH FL 32968	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BOYLE, AUSTIN 3475 1ST ROAD VERO BEACH FL 32968	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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.			U000000257091 03/09/05-80041-004 158.75		
SIGNATURE: <i>Teresa Boyle</i>			3-505 (772) 562-5800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		