

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 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**



03022008 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3564565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BOYLE, STEVEN
3475 1ST RD.
VERO BEACH, FL 32968**

**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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000470361
03/28/06-80012-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOYLE, STEVEN
STREET ADDRESS	3475 1ST RD.
CITY- ST- ZIP	VERO BEACH, FL 32968

TITLE	TD
NAME	SHAPIRO, KRISTINA W
STREET ADDRESS	1500 LOBDELL AVE
CITY- ST- ZIP	BATON ROUGE, LA 70806

TITLE	SD
NAME	BOYLE, TERESA L
STREET ADDRESS	3475 1ST RD
CITY- ST- ZIP	VERO BEACH, FL 32968

TITLE	VPD
NAME	BOYLE, AUSTIN
STREET ADDRESS	3475 1ST ROAD
CITY- ST- ZIP	VERO BEACH, FL 32968

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 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: *Steve Boyle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 MAR 06 *772-562-5800*
Date Daytime Phone #