

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90003 020 ***550.00

DOCUMENT # P99000029884

1. Entity Name
A SECURITY CONSULTANTS OF NAPLES INC



Principal Place of Business
2649 LAKEVIEW DR
NAPLES, FL 34112

Mailing Address
2649 LAKEVIEW DR
NAPLES, FL 34112

50060131

2. Principal Place of Business
2649 LAKEVIEW DR
Suite, Apt. #, etc.

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

City & State
Naples FL
Zip 34112 Country Collier

City & State
SAME
Zip SAME Country

07222005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3577647
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAMESON, KYLE J
2649 LAKEVIEW DR
NAPLES, FL 34112

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 *Kyle Jameson Pres* 8/2/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JAMESON, KYLE	
STREET ADDRESS	2649 LAKEVIEW DR	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SANDBERG, VERNON	
STREET ADDRESS	5535 RATTLESNAKE HAMMOCK RD	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	LISA JAMESON	<input type="checkbox"/> Delete
NAME	2649 LAKEVIEW DR	
STREET ADDRESS	NAPLES, FL 34112	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Kyle Jameson Pres* 8/2/05
Signature and typed or printed name of signing officer or director Date Daytime Phone #

239-262-6503