

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000032149

Entity Name: MACON ALARMS, INC.

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9820 ORANGE AVENUE  
FT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

9820 ORANGE AVENUE  
FT PIERCE, FL 34945

**New Mailing Address:**

FEI Number: 65-0913434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACON, GLENDA  
9820 ORANGE AVENUE  
FT PIERCE, FL 34945 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PO  
Name: MACON, AARON  
Address: 9820 ORANGE AVENUE  
City-St-Zip: FT PIERCE, FL 34945

Title: OST  
Name: MACON, GLENDA  
Address: 9820 ORANGE AVENUE  
City-St-Zip: FT PIERCE, FL 34945

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLENDA MACON

MGR

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date