2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2005 8:00 am Secretary of State DOCUMENT # P99000034687 1. Entity Name 05-03-2005 90126 049 ***150.00 QUICK'S ALARM SYSTEMS & SERVICES, INC. Principal Place of Business Mailing Address QUICK"S ALARM SYSTEM INC. PO BOX 386 DESTIN FL 32540 QUICK'S ALARM SYSTEM INC. 14015652 132 BENNING DR. DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address 505 Mountain Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) unit P City & State City & State Applied For 4. FEI Number 59-3575047 Destin Not Applicable Country Zip Country \$8.75 Additional Certificate of Status Desired 32541 OKalows Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANKLIN H. WATSON, P.A. 5365 E HWY 30-A, SUITE 105 SEAGROVE BEACH FL 32459 Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed nartie of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete Change | TITLE QUICK, RICHARD D NAME NAME 505 mountain Drive, Unit P. 132 BONNING DRIVE STREET ADDRESS STREET ADDRESS DESTIN FL 32541 CITY-ST-ZIP CITY-ST-ZIP Destin, FL. 32541 Delete TITLE TITLE QUICK, LUANNE W NAME 505 mountain Drive, Unit P STREET ADDRESS STREET ADDRESS 132 BONNING DRIVE Destin, FL 32541 CITY-ST-7IE **DESTIN FL 32541** CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED