

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90027 016 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000034896

1. Entity Name
NORTH AMERICAN SECURITY INC.



Principal Place of Business
**6536 PINECASTLE BLVD.
B
ORLANDO, FL 32809**

Mailing Address
**2090 N. FORSYTH ROAD
ORLANDO, FL 32807**

54000335



2. Principal Place of Business

3. Mailing Address

6536 Pinecastle Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

01152004

Chg-P

CR2E034 (10/03)

City & State

City & State

ORLANDO, FL

4. FEI Number

Applied For

59-3577064

Not Applicable

Zip

Country

Zip

Country

32809

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKETT, TIMOTHY L
2090 N. FORSYTH ROAD
ORLANDO, FL 32807**

Name

BECKETT, TIMOTHY L

Street Address (P.O. Box Number is Not Acceptable)

6536 Pinecastle Blvd, Suite B

City

ORLANDO, FL

FL

Zip Code

32809

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BECKETT, TIMOTHY L**
STREET ADDRESS **488 WURST RD.**
CITY-ST-ZIP **OCOE, FL 34761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MOORE, FRED**
STREET ADDRESS **2118 ALLSPICE AVE.**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MOORE, SANDRA M**
STREET ADDRESS **2118 ALLSPICE AVE.**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

Timothy L Beckett