


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90003 042 \*\*\*558.75

<b>DOCUMENT # P99000034896</b> 1. Entity Name <b>NORTH AMERICAN SECURITY INC.</b>			
Principal Place of Business <b>6536 PINECASTLE BLVD. B ORLANDO, FL 32809</b>		Mailing Address <b>6536 PINECASTLE BLVD SUITE B ORLANDO, FL 32809</b>	
2. Principal Place of Business <b>488 WURST RD.</b>		3. Mailing Address <b>P.O. Box 522</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>OCDEE, FL</b>		City & State <b>OCDEE, FL</b>	
Zip <b>34761</b>		Zip <b>34761</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3577064</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BECKETT, TIMOTHY L 6536 PINECASTLE BLVD., SUITE B ORLANDO, FL 32809</b>		7. Name and Address of New Registered Agent Name <b>BECKETT, TIMOTHY L</b> Street Address (P.O. Box Number is Not Acceptable) <b>488 WURST RD</b> City <b>OCDEE</b> <b>FL</b> Zip Code <b>34761</b>	
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 <u><i>Timothy L Beckett</i></u> <b>8/11/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	D BECKETT, TIMOTHY L 488 WURST RD. OCDEE, FL 34761 <input type="checkbox"/> Delete	TITLE	P BECKETT, TIMOTHY L 488 WURST RD. OCDEE, FL 34761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	
NAME	MOORE, FRED	NAME	
STREET ADDRESS	2118 ALLSPICE AVE.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	
NAME	MOORE, SANDRA M	NAME	
STREET ADDRESS	2118 ALLSPICE AVE.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.			
<b>SIGNATURE:</b> <u><i>Timothy L Beckett</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>8/11/2005</b> <b>407-447-4993</b> <small>Date Daytime Phone #</small>	

**50062259**



08122005 Chg-P CR2E034 (10/03)