

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90161 046 ***150.00

DOCUMENT # P99000079881

1. Entity Name
ALLIED SAFETY SYSTEMS, INC.



Principal Place of Business
**647 PROGRESS WAY
SANFORD, FL 32771**

Mailing Address
**5224 W SR-46
PMB 405
SANFORD, FL 32771**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



04102007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.
501 FAWN HILL PL

Suite, Apt. #, etc.

City & State
SANFORD, FL

City & State

4. FEI Number
59-3597620

Applied For
Not Applicable

Zip
32771

Country

Zip

Country

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

**BURNEY, LANCE
4975 FAWN RIDGE PLACE
SANFORD, FL 32771**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BURNEY, LANCE
4975 FAWN RIDGE PL
SANFORD, FL 32771** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BURNEY, LANCE
501 FAWN HILL PL
SANFORD, FL 32771** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
BURNEY, KIMBERLY
4975 FAWN RIDGE PL
SANFORD, FL 32771** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
Burney, Kimberly
501 FAWN HILL PL
SANFORD, FL 32771** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Kimberly Burney **Kimberly Burney**

4/10/07

396-668-4773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #