

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90036 031 ***150.00

DOCUMENT # S97076

1. Entity Name

PERSONAL ALERT SYSTEMS, INC.



Principal Place of Business

601 ROSERY RD NE
APT 2904
LARGO FL 33770
US

Mailing Address

601 ROSERY RD NE
APT 2904
LARGO FL 33770
US



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

1005 OAKVIEW AVE

3. Mailing Address

1005 OAKVIEW AVE

1st MOORE

CR2E034 (10/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3128528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

CLEARWATER FL.

City & State

CLEARWATER FL.

Zip

33756

Country

U.S.A.

Zip

33756

Country

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRYER, ROBERT E.
601 ROSERY RD NE
APT 2904
LARGO FL 33770

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

Robert Cryer

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

(NOTE: Registered Agent signature required when not solicited)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CRYER, ROBERT E
STREET ADDRESS 601 ROSERY RD NE APT 2904
CITY-ST-ZIP LARGO FL 33770

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

TITLE ☐ Change ☐ Addition
NAME CRYER, ROBERT E
STREET ADDRESS 1005 OAKVIEW AVE
CITY-ST-ZIP CLEARWATER FL 33756

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

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

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

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 exemptions contained in Section 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:

Robert Cryer

ROBERT CRYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-17-588-9813

Exempt Page #