


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # V03216 1. Entity Name DJP SECURITY SYSTEMS, INC.	
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Principal Place of Business 4801 NW GAINSVILLE RD. OCALA, FL 34475 US	Mailing Address 4801 N.W. GAINSVILLE RD. OCALA, FL 34475 US
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2994066	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, PHILLIP L
4274 NE 20TH AVE.
OCALA, FL 34479

**DO NOT WRITE
IN THIS SPACE**

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 Phillip L. Greene (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREENE, PHILLIP L 4274 NE 20TH AVE OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GLOVER, GERALD M 4053 NE 18TH TERR OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ILLGES, GARRY K 3510 SW 5TH CT. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUTTO, CHARLES S RT 3 BOX 372F CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JONES, SHARON G 20 NE 50TH AVE. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/12/05-80053-013 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Phillip L. Greene 2-10-05 352-732-2357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #