

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # V03216

1. Entity Name
DJP SECURITY SYSTEMS, INC.



Principal Place of Business
**4801 NW GAINSVILLE RD.
OCALA, FL 34475 US**

Mailing Address
**4801 N.W. GAINSVILLE RD.
OCALA, FL 34475 US**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2994066

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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04/22/08-80087-022 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-08

Date

352-732-2357

Daytime Phone #