

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03216

FILED
Apr 29, 2009
Secretary of State

Entity Name: DJP SECURITY SYSTEMS, INC.

Current Principal Place of Business:

4801 NW GAINSVILLE RD.
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

4801 N.W. GAINSVILLE RD.
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 59-2994066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREENE, PHILLIP L
Address: 4274 NE 20TH AVE
City-St-Zip: OCALA, FL 34479

Title: VPD () Delete
Name: GLOVER, GERALD M
Address: 4053 NE 18TH TERR
City-St-Zip: OCALA, FL 34479

Title: D () Delete
Name: HUTTO, CHARLES S
Address: RT 3 BOX 372F
City-St-Zip: CHIEFLAND, FL 32626

Title: DST () Delete
Name: JONES, SHARON G
Address: 20 NE 50TH AVE.
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON G. JONES

DST

04/29/2009

Electronic Signature of Signing Officer or Director

Date