

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT # V08587

1. Entity Name
TROPICAL SECURITY SYSTEMS, INC.



Principal Place of Business
2700 W ATLANTIC BLVD
200-25
POMPANO BEACH, FL 33069 US

Mailing Address
P.O. BOX 100216
FT LAUDERDALE, FL 33310 US

DO NOT WRITE IN THIS SPACE



05062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0312728

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, TOM JR
980 N FEDERAL HWY
STE 410
BOCA RATON, FL 33432

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PVPS
BYRN, DENNIS
315 N.W. 38 WAY
DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

U00000159825
05/11/04-80004-015 150.00

**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)(f), 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

5-6-4 954739820
Date Daytime Phone