

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V13289

FILED
Mar 31, 2009
Secretary of State

Entity Name: PRO TECH SECURITY & ENGRAVING, INC.

Current Principal Place of Business:

648 NW 100 LANE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

648 NW 100 LANE
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0313700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABEL, SHERRY CARR
648 NW 100 LANE
CORAL SPRINGS, FL 33071 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: P () Delete
Name: FABEL, ROGER T.
Address: 648 N.W 100 LANE
City-St-Zip: CORAL SPRINGS, FL

Title: VP () Delete
Name: FABEL, SHERY C.
Address: 648 N.W. 100 LANE
City-St-Zip: CORAL SPRINGS, FL

Title: MD () Delete
Name: FABEL, DAVID A.
Address: 9414 NW 73 CT
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: OM () Delete
Name: FABEL, ADAM T.
Address: 130 CAYO COSTA CT
City-St-Zip: WEST PALM BEACH, FL 33411

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: ROGER T FABEL

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date