

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V19883

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** SECURITY ALARM SYSTEMS, INC.

**Current Principal Place of Business:**

2812 NORTH 34TH STREET  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7595  
TAMPA, FL 33673 US

**New Mailing Address:**

**FEI Number:** 59-3113225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUARTE, ANTONIO, III  
6221 LAND O LAKES BLVD  
LAND O LAKES, FL 34639 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SCAGLIONE, NICK B.  
Address: 4210 CENTRAL AVENUE  
City-St-Zip: TAMPA, FL 33603

I hereby 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 all other like empowered.

SIGNATURE: NICK B SCAGLIONE

PST

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date