2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State
05-27-2004 90017 009 ***158.75

DOCUMENT # V38968

1. Entity Name
SECUR-ENTRY INDUSTRIES INC.

Principal Place of Business	Mailing Address
1190 MANOR DR SINGER ISLAND, FL 33404 US	~~1190 MANOR DR~~ ~~SINGER ISLAND, FL 33404 US~~ 404 W. Whitney Dr. Jupiter, FL 33458

24077342

03052003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPUTO, GINO
1190 MANOR DR
SINGER ISLAND, FL 33404

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD	
NAME	CAPUTO, GINO	
STREET ADDRESS	~~404 W WHITNEY DR~~	4 1190 Manor Dr.
CITY-ST-ZIP	~~JUPITER, FL 33458~~	Singer Island, FL 33404
TITLE	VSD	
NAME	CAPUTO, ROSALBA	
STREET ADDRESS	~~404 W WHITNEY DR~~	1190 Manor Dr.
CITY-ST-ZIP	~~JUPITER, FL 33458~~	Singer Island, FL 33404
TITLE	~~D~~	
NAME	~~CAPUTO, MICHAEL~~	Resigned-
STREET ADDRESS	~~1190 MANOR DR~~	
CITY-ST-ZIP	~~SINGER ISLAND, FL 33404~~	
TITLE	~~D~~	
NAME	~~CAPUTO, CONNIE~~	Resigned
STREET ADDRESS	404 W WHITNEY DR	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)(i), 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: _____ May 18 04 561 844-2279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #