

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90027 034 \*\*\*158.75



**DOCUMENT # V38968**

**A. Entity Name**

**SECUR-ENTRY INDUSTRIES INC.**

**Principal Place of Business**

**1190 MANOR DR  
SINGER ISLAND FL 33404  
US**

**Mailing Address**

**404 W WHITNEY DR  
JUPITER FL 33458  
US**

**2. Principal Place of Business**

**1190 MANOR DR**

Suite, Apt. #, etc.

**3. Mailing Address**

**1190 MANOR DR**

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

**City & State**

**SINGER ISLAND FL**

**City & State**

**SINGER ISLAND FL**

**4. FEI Number**

**NO-T APPLICABLE**

**Applied For**

**Not Applicable**

**Zip**

**33404**

**Country**

**USA**

**Zip**

**33404**

**Country**

**US**

**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**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**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 reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CAPUTO, GINO</b>	
<b>STREET ADDRESS</b>	<b>1190 MANOR DR</b>	
<b>CITY-ST-ZIP</b>	<b>SINGER ISLAND FL 33404</b>	
<b>TITLE</b>	<b>VSD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CAPUTO, ROSALBA</b>	
<b>STREET ADDRESS</b>	<b>1190 MANOR DR</b>	
<b>CITY-ST-ZIP</b>	<b>SINGER ISLAND FL 33404</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GINO CAPUTO**

Date

Daytime Phone #

**FEB 11 2005**

**561**

**844-2279**