

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 346446

**Entity Name:** SECURITY BARN, INC.

**Current Principal Place of Business:**

2203 FLAG MARSH ROAD  
MOUNT AIRY, MD 21771

**Current Mailing Address:**

2203 FLAG MARSH ROAD  
MOUNT AIRY, MD 21771 US

**FEI Number:** 30-6398646

**Certificate of Status Desired:** No

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

BOERIO, THOMAS ECPA  
2375 TAMIAAMI TRAIL N  
110  
NAPLES, FL 34103 US

*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

**Officer/Director Detail :**

Title P, S, T  
Name SMITH, DAVID R  
Address 2203 FLAG MARSH ROAD  
City-State-Zip: MOUNT AIRY MD 21771

Title VP  
Name SMITH, BRIAN R  
Address 659 MOORING LINE DRIVE  
City-State-Zip: NAPLES FL 34102

Title D  
Name SMITH, BRIAN R  
Address 659 MOORING LINE DRIVE  
City-State-Zip: NAPLES FL 34102

Title D  
Name SMITH, DAVID  
Address 659 MOORING LINE DRIVE  
City-State-Zip: NAPLES FL 34102

Title D  
Name SMITH, DANA  
Address 659 MOORING LINE DRIVE  
City-State-Zip: NAPLES FL 34102

*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:** DAVID R. SMITH

**PRESIDENT**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date