

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005694

FILED
Apr 09, 2011
Secretary of State

Entity Name: SECURITY REAL ESTATE SERVICES, INC.

Current Principal Place of Business:

4931 RIVERSIDE DRIVE
SUITE 300 B
MACON, GA 31210

New Principal Place of Business:

5001 WEST LEMON STREET
TAMPA, FL 33609

Current Mailing Address:

4931 RIVERSIDE DRIVE
SUITE 300 B
MACON, GA 31210

New Mailing Address:

5001 WEST LEMON STREET
TAMPA, FL 33609

FEI Number: 58-2551497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: HUTH, THOMAS
Address: 5001 WEST LEMON STREET
City-St-Zip: TAMPA, FL 33609

Title: VPD
Name: D'ALESSANDRO, MELINDA
Address: 5001 WEST LEMON STREET
City-St-Zip: TAMPA, FL 33609

Title: SEC
Name: FRY, GARY
Address: 5001 WEST LEMON STREET
City-St-Zip: TAMPA, FL 33609

Title: TREA
Name: GREEN, WAYNE
Address: 5001 WEST LEMON STREET
City-St-Zip: TAMPA, FL 33609

Title: DIR
Name: DAVIS, JAMES
Address: 5001 WEST LEMON STREET
City-St-Zip: TAMPA, FL 33609

Title: DIR
Name: HARVEY, SHELLIE
Address: 5001 WEST LEMON STREET
City-St-Zip: TAMPA, FL 33609

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: MANDELINE HENDRICKS

POA

04/09/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date