

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001197

FILED
Apr 12, 2012
Secretary of State

Entity Name: BLUE RIDGE SECURITY SYSTEM, INC.

Current Principal Place of Business:

1212 NORTH FANT STREET
ANDERSON, SC 29622

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 743
ANDERSON, SC 29622

New Mailing Address:

FEI Number: 58-2300805 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: D
Name: DODGENS, JIMMY L
Address: 140 E.P. MCDANIEL ROAD
City-St-Zip: PICKENS, SC 29671

Title: D
Name: DAVIS, JOEL
Address: 12245 SOUTH HIGHWAY 11
City-St-Zip: WESTMINSTER, SC 29693

Title: STD
Name: BARKER, J. BILL
Address: 231 CRESTWOOD DRIVE
City-St-Zip: SALEM, SC 29676

Title: P
Name: DALTON, CHARLES E
Address: POST OFFICE BOX 277
City-St-Zip: PICKENS, SC 29671

Title: V
Name: LOVINGGOOD, JAMES L
Address: 1212 NORTH FANT STREET
City-St-Zip: ANDERSON, SC 29622

Title: D
Name: HAMM, STEVEN W
Address: 1900 BARNWELL STREET
City-St-Zip: COLUMBIA, SC 29201

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: JIM LOVINGGOOD

GM

04/12/2012

Electronic Signature of Signing Officer or Director

_____ Date