

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90107 040 ***150.00

DOCUMENT # S28659

1. Entity Name

SECURE ONE PROTECTION SERVICES, INC.



Principal Place of Business

Mailing Address

750 THIRD STREET
#3
NEPTUNE BEACH FL 32266

P.O. BOX 51528
JACKSONVILLE FL 32240-1528

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3258520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, JAMES J JR
1958 BEACHSIDE CT
ATLANTIC BEACH FL 32233

Name **WATTERS, JEFF H.**

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

4550 ROCKY RIVER RD. W.

City **JACKSONVILLE**

FL

Zip Code **32224**

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

Jeff H. Watters **JEFF H. WATTERS S/T**

3-15-05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **SMITH, JAMES J JR.**
STREET ADDRESS **PO BOX 51172**
CITY-ST-ZIP **JAX BEACH FL 32240-1172**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SMITH, ROBERT F**
STREET ADDRESS **1415 TREE SPLIT LN**
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **WATTERS, JEFF H**
STREET ADDRESS **1206 FOREST OAKS DR**
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE ☒ Change ☐ Addition
NAME **WATTERS, JEFF H.**
STREET ADDRESS **4550 ROCKY RIVER RD. W.**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SOLE DIRECTOR**
STREET ADDRESS **REBECCA W. SMITH**
CITY-ST-ZIP **3322 QUEEN PALM DR.**
JAX. BCH., FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jeff H. Watters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05

Date

904 246-5600

Daytime Phone #