

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90020 029 ***150.00

DOCUMENT # 837959

1. Entity Name
PROTECTION SERVICES INC.



Principal Place of Business
**635 LUCKNOW ROAD
HARRISBURG, PA 17110**

Mailing Address
**635 LUCKNOW ROAD
HARRISBURG, PA 17110**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
23-2001976

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CFOV
NAME	MINORI, THOMAS M.
STREET ADDRESS	635 LUCKNOW RD
CITY-ST-ZIP	HARRISBURG, PA 17110
TITLE	CEO VP
NAME	BUNNIRE, C C JR JAMES W. VANBUREN
STREET ADDRESS	635 LUCKNOW RD
CITY-ST-ZIP	HARRISBURG, PA 17110
TITLE	T T
NAME	BUNNIRE, C C JR PAUL J. DETWILER, III
STREET ADDRESS	635 LUCKNOW RD
CITY-ST-ZIP	HARRISBURG, PA 17110
TITLE	P
NAME	DANKO, DOUGLAS B
STREET ADDRESS	635 LUCKNOW RD
CITY-ST-ZIP	HARRISBURG, PA 17110
TITLE	SG ASST SC
NAME	CHARE, KATHLEEN'S SHELLEY MACHAMER
STREET ADDRESS	635 LUCKNOW RD
CITY-ST-ZIP	HARRISBURG, PA 17110
TITLE	VP
NAME	PAUL J. DETWILER, JR.
STREET ADDRESS	635 LUCKNOW ROAD
CITY-ST-ZIP	HARRISBURG, PA 17110

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #