

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S28659

Entity Name: SECURE ONE PROTECTION SERVICES, INC.**Current Principal Place of Business:**800 THIRD STREET
STE #A
NEPTUNE BEACH, FL 32266**Current Mailing Address:**P.O. BOX 51528
JACKSONVILLE, FL 32240-1528**FEI Number:** 59-3258520**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, ROBERT
1415 TREE SPLIT LANE
NEPTUNE BEACH, FL 32266 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:** ROBERT SMITH

01/19/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SMITH, JAMES J. JR.
Address	PO BOX 51528
City-State-Zip:	JAX BEACH FL 32240-1172

Title	SENIOR VP
Name	SMITH, ROBERT F
Address	1415 TREE SPLIT LN
City-State-Zip:	NEPTUNE BEACH FL 32266

Title	VP OF OPERATIONS
Name	GARLAND, JEFFERY A
Address	1259 ARROWLEAF TERRACE
City-State-Zip:	JACKSONVILLE FL 32225

Title	ST
Name	SMITH, REBECCA W
Address	3322 QUEEN PALM DRIVE
City-State-Zip:	JACKSONVILLE BEACH FL 32250

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: ROBERT SMITH

SENIOR VP

01/19/2018

Electronic Signature of Signing Officer/Director Detail

Date