**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 07, 2016**
**Secretary of State**
**CC1248519017**

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 03/07/2016

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PRESIDENT | Title | VP |
| Name | SMITH, LOGAN C. | Name | SMITH, ROBERT F |
| Address | PO BOX 51528 | Address | 1415 TREE SPLIT LN |
| City-State-Zip: | JAX BEACH FL 32240-1172 | City-State-Zip: | NEPTUNE BEACH FL 32266 |

| | |
|---|---|
| Title | SD |
| 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: LOGAN C. SMITH PRESIDENT 03/07/2016

Electronic Signature of Signing Officer/Director Detail — Date