

**2013 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:**

WATTERS, JEFF H  
4550 ROCKY RIVER RD. W.  
JACKSONVILLE, FL 32224 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title T  
Name WATTERS, JEFF H  
Address 4550 ROCKY RIVER RD. W.  
City-State-Zip: JACKSONVILLE FL 32224

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:** JEFF WATTERS

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04/27/2013

Electronic Signature of Signing Officer/Director Detail

Date