

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90260 012 ***150.00

DOCUMENT # F00000005793

1. Entity Name

VANCE UNIFORMED PROTECTION SERVICES, INC.



Principal Place of Business 10467 WHITE GRANITE DR., STE 201 OAKTON VA 22124	Mailing Address 13515 BALLANTYNE CORPORATE PLACE CHARLOTTE NC 28277 US
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1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		54-1497712		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOORE III, OBIE R		NAME				
STREET ADDRESS	6511 WHITE POST ROAD		STREET ADDRESS				
CITY-ST-ZIP	CENTREVILLE VA		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WEGNER, BRENT A		NAME				
STREET ADDRESS	3501 N 18TH ST		STREET ADDRESS				
CITY-ST-ZIP	ARLINGTON VA		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KLEMM, ANDREW J		NAME				
STREET ADDRESS	10467 WHITE GRANITE DR., STE 210		STREET ADDRESS				
CITY-ST-ZIP	OAKTON VA 22124		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LADAU, DREW T		NAME				
STREET ADDRESS	10467 WHITE GRANITE DR., STE 210		STREET ADDRESS				
CITY-ST-ZIP	OAKTON VA 22124		CITY-ST-ZIP				
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GIZA, RONALD		NAME				
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE		STREET ADDRESS				
CITY-ST-ZIP	CHARLOTTE NC 28277		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Drew T. Ladau President/Dir. Drew T. Ladau 2/8/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 231-737-50-17