

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90261 045 \*\*\*158.75

**DOCUMENT # F03000000825**

1. Entity Name  
HDR SECURITY OPERATIONS, INC.



Principal Place of Business  
315 E ROBINSON ST  
ORLANDO, FL 32801

Mailing Address  
8404 INDIAN HILLS DRIVE  
OMAHA, NE 68114-4098

40077381



04172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-2036409	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BELL, RICHARD R 8404 INDIAN HILLS DRIVE OMAHA, NE 681144098
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP VENSAS, RICHARD J 5151 FLYNN PKWY., SUITE 314 CORPUS CHRISTI, TX 78411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PACHMAN, LOUIS J 8404 INDIAN HILLS DRIVE OMAHA, NE 681144098
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LACEY, WENDY L 8404 INDIAN HILLS DRIVE OMAHA, NE 681144098
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BACHMAN, MERLE S 8404 INDIAN HILLS DR. OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LITTLE, GEORGE A 8404 INDIAN HILLS DRIVE OMAHA, NE 681144098

**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

Treasurer

4/17/07

Date

402-399-1000

Daytime Phone #

Wendy L. Lacey