FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90110 010 ***150.00

ANNUAL REPORT (AR)

DOCUMENT # F04000003673

1. Corporate Name

UNITED SERVICE PROTECTION (DELAWARE) CORPORATION

Principal Place of Business
400 CARILLON PARKWAY, SUITE 300
ST. PETERSBURG FL 33716

Mailing Address
1501 LAKELAND STE 350
JACKSON MS 39216

2. Florida Street Address

Street Address

City, State, Zip

3. Mailing Address

Street Address

City, State, Zip

4. FEI Number
64-0906751
Applied For / Not Applied For

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Electronic Campaign Financing Data Field Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip	Delete
PCD	LAMNIN, ADAM	11222 QUAIL ROOST DRIVE	MIAMI FL 33157	☐
S	HEGGEN, ARTHUR W	11222 QUAIL ROOST DRIVE	MIAMI FL 33157	☐
V	MILLER, VIHN	400 CARILLON PARKWAY, SUITE 300	ST. PETERSBURG FL 33716	☐
T	GUTGESELL, GARRY	400 CARILLON PARKWAY, SUITE 300	ST. PETERSBURG FL 33716	☒
D	ANDERSON, MICHAEL D	400 CARILLON PARKWAY, SUITE 300	ST. PETERSBURG FL 33716	☐
D	SHAMBURGER, CHARLES H	1501 LAKELAND DR STE 350	JACKSON MS 39216	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title	Name	Street Address	City, St, Zip	Change	Addition
				☐	☐
				☐	☐
				☐	☐
T	Villanueva, Hector	11222 Quail Roost Drive	Miami, FL 33157	☐	☒
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing, and upon receipt of proof of payment, I am aware that false information submitted in a document to the Department of State for filing is a violation of 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 in compliance with Section 607.0120, Florida Statutes.

SIGNATURE: Michael D.Anderson 2-14-2006 727-556-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

40023000

1st MODRF CR2E034 (10/05)