

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000418

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: CTS PROTECTIVE SERVICES, INC.

**Current Principal Place of Business:**

3022 LAFAYETTE ROAD  
FORT OGLETHORPE, GA 30742

**New Principal Place of Business:**

**Current Mailing Address:**

3022 LAFAYETTE ROAD  
FORT OGLETHORPE, GA 30742

**New Mailing Address:**

FEI Number: 01-0186929      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SULLIVAN, MIKE  
3043 MARLO BLVD  
CLEARWATER, FL 33975      US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPT ( ) Delete  
Name: SULLIVAN, CHRIS  
Address: 237 CARRIAGE DR.  
City-St-Zip: RINGGOLD, GA 30736

Title: VPCS ( ) Delete  
Name: SULLIVAN, TERI  
Address: 237 CARRIAGE DR.  
City-St-Zip: RINGGOLD, GA 30736

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRIS SULLIVAN

CEO

01/16/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date