

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90020 036 ***150.00

DOCUMENT # F05000004817

1. Entity Name

POSITIVE PROTECTION, INC.



Principal Place of Business

504 E ALVARADO ST #205
FALL BROOK CA 92028

Mailing Address

504 E ALVARADO ST #205
FALL BROOK CA 92028



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/07)

4. FEI Number 23-2238850 ✓

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FOLEY, ROBERT~~ Kenneth Mullins.
37 LOGO COURT
FT. MYERS FL 33912
1104 Sunset Ridge Lane
Tarpon Springs, FL
34689.

Name KENNETH MULLINS
Street Address (P.O. Box Number is Not Acceptable)
1104 SUNSET RIDGE LANE
City Tarpon Springs FL Zip Code 34689

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 Kenneth Mullins

118 MOORE

6-27-07

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

\$ 607.193(2)(b). F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVP	☐ Delete
NAME	BRUEGGEMAN, ROBERT R	
STREET ADDRESS	3950 CONCORDIA LANE	
CITY-ST-ZIP	FALL BROOK CA 92028	
TITLE	ST	☒ Delete
NAME	RODRIGUES, TINA	
STREET ADDRESS	33017 BONITA MESA	
CITY-ST-ZIP	TEMECULA CA 92392	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

BRUEGGEMAN 6-19-07 760-728-1300

Date

Daytime Phone #