

2008 FOR PROFIT CORPORATION
ANNUAL REPORT.

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000000984

1. Entity Name
PROTECTION SECURITY SERVICE, INC.



Principal Place of Business
787 KIRBY BRANCH RD
ZIONVILLE, NC 28698

Mailing Address
PO BOX 187
ZIONVILLE, NC 28698



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1972532

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, BREANDA
16043 COMMONWEALTH AVE
POLK CITY, FL 33868

**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, 2008 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	PT MCCORMICK, JAMES L 787 KIRBY BRANCH RD ZIONVILLE, NC 28698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CUTLER, TIMOTHY 787 KIRBY BRANCH RD ZIONVILLE, NC 28698
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02/04/08-80014-021 158.75

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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: JAMES L. MCCORMICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-08 928 2625002

Date

Daytime Phone #