

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001884

Entity Name: APOLLO SECURITY, INC.

FILED
Jan 16, 2012
Secretary of State

Current Principal Place of Business:

2150 BOSTON PROVIDENCE HWY
WALPOLE, MA 02081

New Principal Place of Business:

Current Mailing Address:

2150 BOSTON PROVIDENCE HWY
WALPOLE, MA 02081

New Mailing Address:

FEI Number: 04-3097142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: CCEO
Name: CROWLEY, DENNIS M JR
Address: 2150 BOSTON PROVIDENCE HWY
City-St-Zip: WALPOLE, MA 02081

Title: VC
Name: RYER, RICHARD T
Address: 2150 BOSTON PROVIDENCE HWY
City-St-Zip: WALPOLE, MA 02081

Title: DS
Name: CROWLEY, DENNIS M III
Address: 2150 BOSTON PROVIDENCE HWY
City-St-Zip: WALPOLE, MA 02081

Title: D
Name: MESSIER, MARK R
Address: 2150 BOSTON PROVIDENCE HWY
City-St-Zip: WALPOLE, MA 02081

Title: D
Name: CROWLEY, MARGARET M
Address: 2150 BOSTON PROVIDENCE HWY
City-St-Zip: WALPOLE, MA 02081

Title: D
Name: JENKINS, KENNETH D
Address: 2150 BOSTON PROVIDENCE HWY
City-St-Zip: WALPOLE, MA 02081

I hereby 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 all other like empowered.

SIGNATURE: DENNIS M CROWLEY, III

SEC

01/16/2012

Electronic Signature of Signing Officer or Director

Date