

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003818

Entity Name: CCS SECURITY SERVICES, INC.

FILED
Jan 29, 2008
Secretary of State

Current Principal Place of Business:

4823 ROCKFORD DR
HYATTSVILLE, MD 20784

New Principal Place of Business:

Current Mailing Address:

5210 AUTH RD SUITE 404-B
SUITLAND, MD 20746

New Mailing Address:

FEI Number: 06-1642787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, STEPHANIE
444 WATERFORD CIRCLE WEST
TARPON SPRINGS, FL 34688 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: CP () Delete
Name: WILLIAMS, PATRICK
Address: 4823 ROCKFORD DR
City-St-Zip: HYATTSVILLE, MD 20784

Title: DS () Delete
Name: WILLIAMS, STEPHANIE
Address: 4823 ROCKFORD DR
City-St-Zip: HYATTSVILLE, MD 20784

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: PATRICK WILLIAMS

CP

01/29/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date