

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004794

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** MAXX PROTECTIVE SERVICES INC.

**Current Principal Place of Business:**

1535 KILLEARN CENTER BLVD., SUITE B-3  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

1535 KILLEARN CENTER BLVD., SUITE B-3  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 27-4980573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUPREE, DEBRA L  
1535 KILLEARN CENTER BLVD., SUITE B-3  
TALLAHASSEE, FL 32309 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: CHRM  
Name: DUPREE, DEBRA L  
Address: 1535 KILLEARN CENTER BLVD., SUITE B-3  
City-St-Zip: TALLAHASSEE, FL 32309

Title: P  
Name: DUPREE, DEBRA L  
Address: 1535 KILLEARN CENTER BLVD., SUITE B-3  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VPD  
Name: DUPREE, MAXX T  
Address: 1596 MYRICK RD.  
City-St-Zip: THOMASVILLE, GA 31792

Title: ST  
Name: DUPREE, GAIL J  
Address: 1596 MYRICK RD.  
City-St-Zip: THOMASVILLE, GA 31792

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: DEBRA DUPREE

CHRM

04/13/2012

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

\_\_\_\_\_  
Date