

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19354

FILED
Apr 30, 2008
Secretary of State

Entity Name: PERRY PROTECTION SERVICES, INC.

Current Principal Place of Business:

5454 W. 110TH STREET
OVERLAND PARK, KS 66211 US

New Principal Place of Business:

Current Mailing Address:

5454 W. 110TH STREET
KSOPKJO802-8007
OVERLAND PARK, KS 66211 US

New Mailing Address:

FEI Number: 59-2099748 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 32301 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: S/D () Delete
Name: TOUSSAINT, CLAUDIA S
Address: 5454 W 110TH ST
City-St-Zip: OVERLAND PARK, KS 66211

Title: P/D () Delete
Name: CHEEK, WILLIAM E
Address: 5454 W 110TH ST
City-St-Zip: OVERLAND PARK, KS 66211

Title: VPTD () Delete
Name: MEREDITH, LESLIE H
Address: 5454 W 110TH ST
City-St-Zip: OVERLAND PARK, KS 66211

Title: AS () Delete
Name: APEL, THOMAS C
Address: 5454 W 110TH ST
City-St-Zip: OVERLAND PARK, KS 66211

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D (X) Change () Addition
Name: TOUSSAINT, CLAUDIA S
Address: 5454 W 110TH ST
City-St-Zip: OVERLAND PARK, KS 66211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/D () Change (X) Addition
Name: EASON, MICHAEL J
Address: 5454 W 110TH ST
City-St-Zip: OVERLAND PARK, KS 66211

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: THOMAS C APEL

AS

04/30/2008

Electronic Signature of Signing Officer or Director

Date