

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L63423

1. Entity Name
NORTH AMERICA SECURITY SERVICES, INC.



Principal Place of Business

**4401 BELLWOOD CIR
PACE, FL 32571**

Mailing Address

**P.O. BOX 13611
PENSACOLA, FL 32591**



D1042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3010284

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**TRUBSHAW, JOHN A.
6584 DEERLAKE RD
WALNUT HILL, FL 32568**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRUBSHAW, JOHN A.
STREET ADDRESS	6584 DEERLAKE RD
CITY - ST - ZIP	WALNUT HILL, FL 32568
TITLE	D
NAME	ROWLAND, J. L.
STREET ADDRESS	4401 BELLWOOD CIR
CITY - ST - ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000577298
01/08/07-80010-025 150.00

**DO NOT WRITE
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:

John A. Trubshaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-07

Date

Daytime Phone #

850
479-1556