

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006028

FILED
May 01, 2006
Secretary of State

Entity Name: TEAM PROTECT, INC.

Current Principal Place of Business:

13236 WOODSEGE WAY
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

13236 WOODSEGE WAY
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 16-1727670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JORDAN, EDWARD P II, ESQ
604 N HIGHWAY 27
MINNEOLA, FL 34715 US

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: D () Delete
Name: HARRIS, JOHN
Address: 13236 WOODSEGE WAY
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: GAMMON, COURTNEY L
Address: 5456 AMBER COVE WAY
City-St-Zip: FLOWERY BRANCH, GA 30542

Title: D () Delete
Name: WHITMER, FRED
Address: 369 JOHNSON LANDING RD
City-St-Zip: VALHERMOSO SPRINGS, AL 35775

Title: D () Delete
Name: HARRIS, TANIA
Address: 13236 WOODSEGE WAY
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HARRIS

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date