

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004589

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** SPRINGS PROTECTION GROUP OF MARION, INC.

**Current Principal Place of Business:**

C/O W. JAMES GOODING III  
1531 SE 36TH AVE.  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

C/O W. JAMES GOODING III  
1531 SE 36TH AVE.  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 26-0150981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOODING, W. JAMES III  
1531 SE 36TH AVE.  
OCALA, FL 34471 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: PD  
Name: GOODING, W. JAMES III  
Address: 1531 SE 36TH AVE.  
City-St-Zip: OCALA, FL 34471

Title: VPD  
Name: GRAY, STEVEN H  
Address: 125 NE 1ST AVE., STE. 1  
City-St-Zip: OCALA, FL 34470

Title: STD  
Name: HAINES, TIMOTHY D  
Address: 125 NE 1ST AVE., STE. 1  
City-St-Zip: OCALA, FL 34470

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: W JAMES GOODING III

PD

01/11/2010

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

\_\_\_\_\_  
Date