

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031951

**FILED**  
**Jan 17, 2008**  
**Secretary of State**

**Entity Name:** CURTIS PROTECTIVE SERVICES, INC.

**Current Principal Place of Business:**

2550 W COLONIAL DR  
SUITE 415  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 617379  
ORLANDO, FL 328617379

**New Mailing Address:**

POST OFFICE BOX 6039  
KNOXVILLE, TN 37914 US

**FEI Number:** 59-3711216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, JOHN W  
2137 LAKE DEBRA DR APT 1821  
ORLANDO, FL 32835 US

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

CAMPBELL, JOHN W  
9730 TIRAMASU TRAIL  
ORLANDO, FL 32829 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: JOHN W. CAMPBELL

01/17/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: CAMPBELL, JOHN W  
Address: 2137 LAKE DEBRA DR APT 1821  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: CAMPBELL, JOHN W  
Address: 9730 TIRAMASU TRAIL  
City-St-Zip: ORLANDO, FL 32829 US

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: JOHN W. CAMPBELL

PSTD

01/17/2008

Electronic Signature of Signing Officer or Director

Date