

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90025 048 \*\*\*150.00

<b>DOCUMENT # P01000082283</b>		
1. Entity Name AAA PROFESSIONAL SECURITY SERVICES, INC.		

40047303

Principal Place of Business 80 ROGERS STREET #5C CLEARWATER, FL 33756	Mailing Address PO BOX 1522 CLEARWATER, FL 33757
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2. Principal Place of Business - No P.O. Box # 736 ISLAND WAY Suite, Apt. #, etc. #804	3. Mailing Address Suite, Apt. #, etc.
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03012008 Chg-P CR2E034 (12/06)

City & State CLEARWATER BEACH FL	City & State	4. FEI Number 59-3755959	Applied For Not Applicable
Zip 33767	Country USA	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  FRUSTACI, JACKIE L 80 ROGERS STREET 5C CLEARWATER, FL 33756	
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7. Name and Address of New Registered Agent	
Name FRUSTACI JACKIE L	
Street Address (P.O. Box Number is Not Acceptable) 736 ISLAND WAY #804	
City CLEARWATER BEACH FL	Zip Code 33767

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 re-registering) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FRUSTACI, JACKIE L; 80 ROGERS ST CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 736 ISLAND WAY #804 CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jackie Frustaci 3/8/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #