

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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FILED

11 MAY 17 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P030000 59121

1. Entity Name

JDS Security, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

7 Ryecon Pl
Suite, Apt. #, etc.

3. Mailing Address

7 Ryecon Pl
Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Palm Coast FL

City & State

Palm Coast, FL

4. FEI Number

502368535

Applied For

Not Applicable

Zip

32164

Country

Zip

32164

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LOGUIDICE, JOE
1515 RIDGE WOOD AVENUE
HOLLY HILL, FL 32117 US

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

jdssecurityinc@cfl.vr.com
E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE: President
NAME: Donna C. Polcin
STREET ADDRESS: 7 Ryecon Pl
CITY-ST-ZIP: Palm Coast, FL 32164

TITLE: V. Pres.
NAME: Scot G. Polcin
STREET ADDRESS: 7 Ryecon Pl
CITY-ST-ZIP: Palm Coast, FL 32164

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Donna C. Polcin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-2010

DATE

Daytime Phone #

Donna C. Polcin

5/13