

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000057512

1. Entity Name
DEREK SECURITY PROTECTION SERVICES INC



Principal Place of Business
3141 WHITING LANE
PORT CHARLOTTE, FL 33952 US

Mailing Address
3141 WHITING LANE
PORT CHARLOTTE, FL 33952 US



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1697033

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPEICHER, GEORGINE F
3141 WHITING LANE
PORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

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 Georgine F. Speicher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-24-05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

000000199503
01/27/05-80090-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CALLAHAN, DEREK E
STREET ADDRESS	3141 WHITING LANE
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
TITLE	VP
NAME	SPECHIER, GEORGINE F
STREET ADDRESS	3141 WHITING LANE
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
TITLE	S
NAME	SPEICHER, GEORGINE F
STREET ADDRESS	3141 WHITING LANE
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
TITLE	T
NAME	SPEICHER, GEORGINE F
STREET ADDRESS	3141 WHITING LANE
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Derek E. Callahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24-05 941-766-0795

Date

Daytime Phone #