

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90035 043 ***158.75

DOCUMENT # **P04000083554**

1. Entity Name

LDS SECURITY SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

710 FORTUNA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

710 FORTUNA DRIVE

Suite, Apt. #, etc.

20006808

CR2E034B (8/05)

City & State

BRANDON, FL.

City & State

BRANDON, FL.

4. FEI Number

20-1168876

Applied For

Not Applicable

Zip
33511

Country

U.S.

Zip
33511

Country

U.S.

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LEROY D. SMITH

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

710 FORTUNA DRIVE

City

BRANDON

FL

Zip Code

33511

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
LEROY D. SMITH
710 FORTUNA DRIVE
BRANDON, FL. 33511**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07
LEROY D. SMITH 703-477-1141

Date

Daytime Phone #