

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086270

FILED  
Mar 11, 2008  
Secretary of State

Entity Name: DETECTION SOLUTIONS AND SERVICES, INC.

## Current Principal Place of Business:

1055 ROLLING ACRES DR.  
DELAND, FL 32720

## New Principal Place of Business:

## Current Mailing Address:

1055 ROLLING ACRES DR.  
DELAND, FL 32720

## New Mailing Address:

FEI Number: 56-2461162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMONDS, JO ANN P  
1055 ROLLING ACRES DR.  
DELAND, FL 32720 US

## Name and Address of New Registered Agent:

SIMONDS, JO ANN  
1055 ROLLING ACRES DR.  
DELAND, FL 32720 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: JO ANN SIMONDS

03/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SIMONDS, JO ANN P  
Address: 1055 ROLLING ACRES DR.  
City-St-Zip: DELAND, FL 32720

Title: STD ( ) Delete  
Name: SIMONDS, MICHAEL E  
Address: 1055 ROLLING ACRES DR.  
City-St-Zip: DELAND, FL 32720

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SIMONDS, MICHAEL E  
Address: 1055 ROLLING ACRES DR.  
City-St-Zip: DELAND, FL 32720

Title: STD (X) Change ( ) Addition  
Name: SIMONDS, JO ANN  
Address: 1055 ROLLING ACRES DR.  
City-St-Zip: DELAND, FL 32720

Title: VPD ( ) Change (X) Addition  
Name: BAILEY, MICHAEL DR.  
Address: 108 OAK HAVEN CIRCLE  
City-St-Zip: DELAND, FL 32720

Title: TRD ( ) Change (X) Addition  
Name: SIMONDS, DEREK M  
Address: 103 OAK HAVEN CIRCLE  
City-St-Zip: DELAND, FL 32720

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: JO ANN SIMONDS

STD

03/11/2008

Electronic Signature of Signing Officer or Director

Date