


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90078 027 ***158.75

DOCUMENT # P04000102425	
1. Entity Name CERTIFIED PROTECTIVE SERVICES OF CENTRAL FLORIDA, INC.	

Principal Place of Business 1407 E BAKER STREET SUITE B PLANT CITY FL 33563	Mailing Address POST OFFICE BOX 1422 DOVER FL 33527
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2. Principal Place of Business 2211 MUD LAKE RD	3. Mailing Address SAME AS ABOVE
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State PLANT CITY, FL	City & State
Zip 33566	Country USA

1st MOORE CR2E034 (10/05)

4. FEI Number 20-1234344		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PHILLIPS, JASON T 14923 SYDNEY ROAD DOVER FL 33527		7. Name and Address of New Registered Agent Name PHILLIPS, JASON T. Street Address (P.O. Box Number is Not Acceptable) 2211 MUD LAKE RD City PLANT CITY FL Zip Code 33566

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 JASON T. PHILLIPS (NOTE: Registered Agent signature required when reinstating) DATE 02-06-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	PDS PHILLIPS, JASON T 14923 SYDNEY ROAD DOVER FL 33527 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JASON T. PHILLIPS 02-06-06 / 813 4789044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #