

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90018 032 \*\*\*150.00

DOCUMENT # P05000072248

1. Entity Name

PROTECTALL SECURITY & SAFETY SERVICES, INC.



Principal Place of Business

~~230 E. PARK AVENUE~~  
~~SUITE 21~~  
LAKE WALES FL 33853  
US

Mailing Address

P. O. BOX 166  
LAKE WALES FL 33859  
US



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

233 E. Park Avenue  
Suite, Apt. #, etc.  
Suite 105

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Lake Wales, FL

City & State

4. FEI Number

20-2849314

Applied For

Not Applicable

Zip

33853

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASTON, BECKY S

~~230 E. PARK AVENUE~~

~~STE. #31~~

LAKE WALES FL 33853

Name

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

233 E. Park Avenue

Ste. 105

City

Lake Wales

FL

Zip Code

33853

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

*Becky S Gaston*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME GASTON, BARRY SR.  
STREET ADDRESS ~~P. O. BOX 804~~  
CITY- ST- ZIP LAKE WALES FL 33859

TITLE VP ☒ Delete  
NAME MARBUTT, BARRY K  
STREET ADDRESS P. O. BOX 956  
CITY- ST- ZIP LAKE WALES FL 33859

TITLE S ☐ Delete  
NAME GASTON, BECKY S  
STREET ADDRESS P. O. BOX 804  
CITY- ST- ZIP LAKE WALES FL 33859

TITLE T ☐ Delete  
NAME GASTON, BECKY S  
STREET ADDRESS P. O. BOX 804  
CITY- ST- ZIP LAKE WALES FL 33859

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P. O. Box 166  
CITY- ST- ZIP Lake Wales, FL 33859-0166

TITLE VP ☒ Change ☐ Addition  
NAME Gaston, Becky S.  
STREET ADDRESS P. O. Box 804  
CITY- ST- ZIP Lake Wales, FL 33859-0804

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:

*Barry Gaston, Sr.*  
Barry Gaston, Sr. President

4/2/07

863/678-9600

Date

Daytime Phone #