

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000046730

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** FORTRESS HOME PROTECTION INC.

**Current Principal Place of Business:**

159 19TH ST. N.  
JACKSONVILLE BCH, FL 32250

**New Principal Place of Business:**

159 19TH ST. N.  
JACKSONVILLE BCH, FL 32250 UN

**Current Mailing Address:**

159 19TH ST. N.  
JACKSONVILLE BCH, FL 32250

**New Mailing Address:**

**FEI Number:** 20-4810506      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FISETTE, RUSSELL A  
2336 PINE ISLAND COURT  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FISETTE, RUSSELL A  
Address: 2336 PINE ISLAND COURT  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: RUSSELL FISETTE

D

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date