2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-28-2007 90015 037 ***150.00
P06000060554

FILED
07 MAR 23 PM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000060554

1. Entity Name
ALL PRO SECURITY SERVICES INC.

Principal Place of Business	Mailing Address
508 KOALA DRIVE KISSIMMEE FL 34759	508 KOALA DRIVE KISSIMMEE FL 34759

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3712497 — Applied For / Not Applicable

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
MCNEIL, EDDIE W 508 KOALA DRIVE KISSIMMEE FL 34759	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCRIMEN, JACQUELINE 508 KOALA DRIVE KISSIMMEE FL 34759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Scriven, Jacqueline CEO 508 Koala Drive Kissimmee, FL. 34759	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEFFRESON, KATHERINE P.O. BOX 693 BUNNELL FL 32110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jefferson, Katherine officer P.O. Box 693 Bunnell, FL. 32110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEFFRESON, MARISS 2501 BUEANNALCN BAY CIRCLE ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jefferson Marissa 2501 Buccaneer Baycircle Orlando, FL. [illegible]	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, CARLOS P.O. BOX 704 BUNNELL FL 32110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Harris, Carlos Capt.-Supervisor P.O. Box 704 Bunnell, FL. 32110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jacqueline L. Scriven 2/21/07 407-856-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #