### 2008 FOR PROFIT CORPORATION

# **ANNUAL REPORT**



Principal Place of Business

ORANGE PARK, FL 32073

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

DOCUMENT # P06000123401

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

ROBERTS PROTECTION SECURITY INCORPORATED

198 ARORA BLVD UNIT #2408

Suite, Apt. #, etc.

PATTERSON, WANDA J

ORANGE PARK, FL 32073

the obligations of registered agent.

PD

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee will be \$550.00

ROBERTS, RODNEY P CEO

ORANGE PARK, FL 32073

PATTERSON, WANDA J

198 ARORA BLVD, UNIT #2408

198 ARORA BLVD. UNIT 2408

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198 ARORA BLVD. UNIT 2408

ORANGE PARK, FL 32073

ORANGE PARK, FL 32073

ROBERTS, RODNEY P

ORANGE PARK, FL 32073

PATTERSON, WANDA J

198 ARORA BLVD **UNIT 2408** 

City & State

Zip

SIGNATURE.

10.

TITLE

TITLE

NAME STREET ADDRESS

TITLE NAME

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TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Mailing Address

198 ARORA BLVD UNIT #2408

3. Mailing Address

City & State

Suite, Apt. #, etc.

ORANGE PARK, FL 32073

Country

9. Election Campaign Financing

11.

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CHY-ST-7tP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME STREET ADDRESS

THLE

NAME STREET ADDRESS

CITY-ST-ZIP TITLE

Trust Fund Contribution.

☐ Delete

☐ Delete

☐ Delete

City

## FILED May 21, 2008 8:00 am Secretary of State

05-21-2008 90019 023 \*\*\*150.00

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12. I hereby certify that the information supplied with this filing does not odayly for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accounts and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the acceiver 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 supplemental report of the service o

CITY-ST-ZIP

**SIGNATURE:** 

☐ Change

☐ Change

Addition

Addition

AITACHMENT 005628 lease Send Add or Delete for Case Changes occur