## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P06000147399**

1. Entity Name

PROTECTION & INVESTIGATION SERVICES, CORP.



**FILED** Feb 21, 2008 08:00 Al **Secretary of State** 

Principal Place of Business

4614 SE GENEVA DR STUART, FL 34997

Maliing Address

4614 SE GENEVA DR STUART, FL 34997



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01092008 No Cha-P

4. FEI Number 65-0989611

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

MASTERSON, WALTER 4614 SE GENEVA DR STUART, FL 34997

## DO NOT WRITE IN THIS SPACE

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 againt and title if applicable. (NOTE: Registered Againt alignature required when reinstating)  DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Trust Fund Contribu			cing	\$5.00 May Be Added to Fees	000000834060 02/28/08-80037-013 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-Z3P	PT MASTERSON, WALTER 4614 SE GENEVA DR STUART, FL 34997				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNTINGTON, APRIL 66 SE ERIE TERR STUART, FL 34997				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SY-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-S1-ZIP				de uit	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, Fiorida 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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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