

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029821

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: ACCREDITED PROTECTION SERVICES INC.

## Current Principal Place of Business:

201 SW PORT ST. LUCIE BLVD.  
SUITE 2  
PORT ST. LUCIE, FL 34984

## New Principal Place of Business:

## Current Mailing Address:

201 SW PORT ST. LUCIE BLVD.  
SUITE 2  
PORT ST. LUCIE, FL 34984

## New Mailing Address:

FEI Number: 02-0802043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PITT, KEVIN W  
2017 SE SOUTH BUTTONWOOD DR.  
PORT ST. LUCIE, FL 34952 US

## Name and Address of New Registered Agent:

TURPEN, WILLIAM B  
2098 SE MANDRAKE CIR  
PORT ST. LUCIE, FL 34952 US

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: WILLIAM B TURPEN

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PITT, KEVIN W  
Address: 2017 SE. SOUTH BUTTONWOOD  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP (X) Delete  
Name: TURPEN, WILLIAM B  
Address: 2098 SE MANDRAKE CIR.  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: SEC. (X) Delete  
Name: RODIO, DAVID M  
Address: 4200 COMUNITY DR. APT. 1101  
City-St-Zip: WEST PALM BEACH, FL 33409

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TURPEN, WILLIAM B  
Address: 2098 SE MANDRAKE CIR  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM BTURPEN

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date