

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000024445

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** CNF SECURITY AND PROTECTION SERVICES, INC.

**Current Principal Place of Business:**

1718 MERCY DRIVE  
#4  
ORLANDO, FL 32808

**New Principal Place of Business:**

2803 WEST ARLINGTON STREET  
#201  
ORLANDO, FL 32805

**Current Mailing Address:**

POST OFFICE BOX 682133  
ORLANDO, FL 32868

**New Mailing Address:**

2803 WEST ARLINGTON STREET  
#201  
ORLANDO, FL 32805

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

CATO, JAQUIN  
1718 MERCY DRIVE  
#4  
ORLANDO, FL 32808 US

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

CATO, JAQUIN  
2803 WEST ARLINGTON STREET  
#201  
ORLANDO, FL 32805 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: JAQUIN CATO

01/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CATO, JAQUIN  
Address: 2803 WEST ARLINGTON STREET, #201  
City-St-Zip: ORLADO, FL 32805

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: JAQUIN CATO

P

01/12/2012

Electronic Signature of Signing Officer or Director

Date