


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000006649

1. Entity Name
PEDERSEN SECURITY SERVICES, INC.,



Principal Place of Business
**3092 STARRATT RD
 JACKSONVILLE FL 32226
 US**

Mailing Address
**3092 STARRATT RD
 JACKSONVILLE FL 32226
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3224741**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEDERSEN, JOHN R
 3092 STARRATT RD
 JACKSONVILLE FL 32226**

7. Name and Address of New Registered Agent

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, 2005 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 Delete
 NAME **PEDERSEN, JOHN R**
 STREET ADDRESS **3092 STARRATT RD**
 CITY - ST - ZIP **JACKSONVILLE FL 32226**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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 04/13/05-80005-011 150.00

TITLE Delete
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 CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John R. Pedersen **JOHN R PEDERSEN** 4/13/05 904-714-6969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #