

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

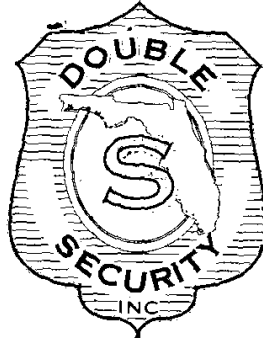
05-15-2008 90022 031 ***150.00

DOCUMENT # P97000086128					
1. Entity Name DOUBLE S SECURITY, INC.					
Principal Place of Business 7451 SW 38TH ST OCALA, FL 34477 US			Mailing Address PO BOX 771721 OCALA, FL 34477 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SLAZES, STEVE 9684 SW 74TH AVE OCALA, FL 34476				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SLAZES, STEVE 9684 SW 74TH AVE OCALA, FL 34476 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KUSHNERICK, THOMAS 36 546 JEAN DR GRAND ISLAND, FL 32735 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS KUSHNERICK 36546 JEAN DR GRAND ISLAND, FL 32735 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEATHER SLAZES 9072 HELFRICH LN CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, 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: <i>Steve Slazes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-24-08 (352) 8549002 <small>Date Daytime Phone #</small>		

EXPERIENCED PROFESSIONALS

INVESTIGATIONS
A 9800021

SECURITY
B 9700125



ATTACHMENT

40102470

#P97000086128

APRIL 24, 2008

DIVISION OF CORPORATIONS

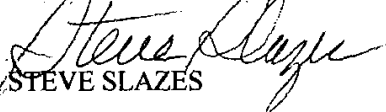
2008 FOR PROFIT CORPORATION ANNUAL REPORT. DOCUMENT
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THOMAS F. KUSHNERICK HAS RESIGNED AS SECRETARY FOR DOUBLE S
SECURITY, INC. BUT WILL REMAIN AS VICE PRESIDENT.

HEATHER SLAZES WILL REPLACE HIM AS SECRETARY OF DOUBLE S
SECURITY, INC.

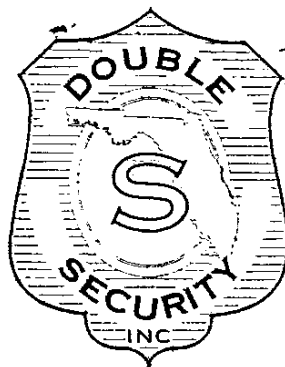
ENCLSOSE IS MY CHECK IN THE AMOUNT OF \$150.00 FOR MY 2008 ANNUAL
FEE AND A COPY OF THOMAS F. KUSHNERICK'S RESIGNATION.

THANK YOU,


STEVE SLAZES

EXPERIENCED PROFESSIONAL ATTACHMENT

INVESTIGATIONS
A 9800021



40102470
#P97000086128 SECURITY
B 9700125

RESIGNATION AS CORPORATE OFFICER
OF DOUBLE S SECURITY, INC.

TO: The Board of Directors of Double.S Security, Inc.

I, THOMAS F. KUSHNERICK, hereby resigns effective this date my office of Secretary of the Corporation. I will still remain as Vice President of the Corporation.


THOMAS F. KUSHNERICK

Dated April, 24, 2008

STATE OF FLORIDA
MARION COUNTY

BEFORE ME, the undersigned officer personally came and appeared, THOMAS F. KUSHNERICK, who (X) is personally known to me, or who () produced _____ as identification and who acknowledges before me that he signed the forgoing as his own free will and act and deed and who did not take an oath


Notary Public State of Florida



SUZAN ERICKSON
MY COMMISSION # DD 388763
EXPIRES: July 18, 2008
Bonded Thru Budget Notary Services