2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P97000086128

Entity Name: DOUBLE S SECURITY, INC.

Current Principal Place of Business:

7451 SW 38TH ST
OCALA, FL 34477 US

New Principal Place of Business:

7651 S.W. HWY 200
UNIT # 309
OCALA, FL 34476 US

Current Mailing Address:

PO BOX 771721
OCALA, FL 34477 US

New Mailing Address:

FEI Number: 59-3471114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLAZES, STEVE
7651 S.W. HWY 200
UNIT 309
OCALA, FL 34476 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: SLAZES, STEVE
Address: 9684 SW 74TH AVE
City-St-Zip: OCALA, FL 34476

Title: S ( ) Delete
Name: KUCHNERICK, THOMAS
Address: 36 546 JEAN DR
City-St-Zip: GRAND ISLAND, FL 32735 US

Title: S ( ) Delete
Name: SLAZES, HEATHER
Address: 9072 HELFRICH LN
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: KUCHNERICK, THOMAS
Address: 36 546 JEAN DR
City-St-Zip: GRAND ISLAND, FL 32735 US

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: STEVE G. SLAZES P 04/27/2009

Electronic Signature of Signing Officer or Director Date