

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000086128

Entity Name: DOUBLE S SECURITY, INC.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: KUSHNERICK, THOMAS  
Address: 36 546 JEAN DR  
City-St-Zip: GRAND ISLAND, FL 32735 US

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

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: STEVE SLAZES

PRES

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date