

2005 FOR PROFIT CORPORATION ANNUAL REPORT

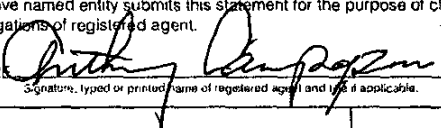
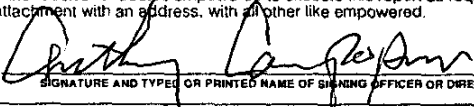
FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90046 049 ***150.00

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02152005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000061791					
1. Entity Name OCEAN STATE PROTECTIVE SERVICES, INC.					
Principal Place of Business 1315 MARYLAND AVE SAINT CLOUD, FL 34769			Mailing Address 1315 MARYLAND AVE SAINT CLOUD, FL 34769		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3521701	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPOPIANO, ANTHONY G 1780 SUNDANCE DR. SAINT CLOUD, FL 34771			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 			DATE 2/21/05		
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CAMPOPIANO, ANTHONY G		NAME		
STREET ADDRESS	1780 SUNDANCE DR.		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CAMPOPIANO, LORI A		NAME		
STREET ADDRESS	1780 SUNDANCE DR.		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOQUIN, CHRISTOPHER A		NAME	Treasurer	
STREET ADDRESS	1780 SUNDANCE DR.		STREET ADDRESS	Lori A Campopiano	
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP	1780 Sundance Dr	
TITLE	S	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	DEMACEO, CARLOS M		NAME	Secretary	
STREET ADDRESS	1780 SUNDANCE DR.		STREET ADDRESS	Lori A Campopiano	
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP	1780 Sundance Dr	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CAMPOPIANO, ELIZABETH A		NAME		
STREET ADDRESS	1780 SUNDANCE DR.		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			DATE 2/21/05 407-891-0411		
Signature and typed or printed name of signing officer or director			Date Daytime Phone #		