

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90070 017 ***158.75



DOCUMENT # S28659
 1. Entity Name
SECURE ONE PROTECTION SERVICES, INC.

Principal Place of Business Mailing Address
 P.O. BOX 51528 JACKSONVILLE FL 32240-1528
 P.O. BOX 51528 JACKSONVILLE FL 32240-1528

2. Principal Place of Business 3. Mailing Address
750 THIRD ST.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#3

City & State City & State
NEPTUNE BEACH, FL
 Zip Country Zip Country
32266 USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
SMITH, JAMES J JR
1958 BEACHSIDE CT
ATLANTIC BEACH FL 32233

4. FEI Number **59-3258520** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

TITLE	PS	<input type="checkbox"/> Delete
NAME	SMITH, JAMES J JR.	
STREET ADDRESS	PO BOX 51172	
CITY-ST-ZIP	JAX BEACH FL 32240-1172	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT F	
STREET ADDRESS	1415 TREE SPLIT LN	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	T	<input type="checkbox"/> Delete
NAME	WATTERS, JEFF H	
STREET ADDRESS	1206 FOREST OAKS DR	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Jeff Watters* **JEFF WATTERS** 1-21-04 904 246-5600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #