

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

P.O. BOX 51528
JACKSONVILLE FL 32240-1528

Mailing Address

P.O. BOX 51528
JACKSONVILLE FL 32240-1528

2. Principal Place of Business

750 THIRD ST.
Suite, Apt. #, etc.
#3

3. Mailing Address

Suite, Apt. #, etc.

City & State

NEPTUNE BEACH, FL

City & State

Zip
32266

Country
USA

Zip

Country

4. FEI Number

59-3258520

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JAMES J JR
1958 BEACHSIDE CT
ATLANTIC BEACH FL 32233

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

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME SMITH, JAMES J JR.
STREET ADDRESS PO BOX 51172
CITY-ST-ZIP JAX BEACH FL 32240-1172



TITLE VP
NAME SMITH, ROBERT F
STREET ADDRESS 1415 TREE SPLIT LN
CITY-ST-ZIP NEPTUNE BEACH FL 32266



TITLE T
NAME WATTERS, JEFF H
STREET ADDRESS 1206 FOREST OAKS DR
CITY-ST-ZIP NEPTUNE BEACH FL 32266



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



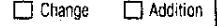
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04

Date

904 246-5600

Daytime Phone #