

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90107 040 ***150.00

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




Principal Place of Business: **750 THIRD STREET #3 NEPTUNE BEACH FL 32266**
 Mailing Address: **P.O. BOX 51528 JACKSONVILLE FL 32240-1528**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

Zip: _____ Country: _____

00000011



1st MOORE CR2E034 (10/04)

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: **WATTERS, JEFF H.**
 Street Address (P.O. Box Number is Not Acceptable):
4550 ROCKY RIVER RD. W.
 City: **JACKSONVILLE** FL Zip Code: **32224**

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: *Jeff H. Watters* **JEFF H. WATTERS S/T** DATE: **3-15-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	<input type="checkbox"/> Delete
TITLE: VP NAME: SMITH, ROBERT F STREET ADDRESS: 1415 TREE SPLIT LN CITY-ST-ZIP: NEPTUNE BEACH FL 32266	<input type="checkbox"/> Delete
TITLE: T NAME: WATTERS, JEFF H STREET ADDRESS: 1206 FOREST OAKS DR CITY-ST-ZIP: NEPTUNE BEACH FL 32266	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: WATTERS, JEFF H. STREET ADDRESS: 4550 ROCKY RIVER RD. W. CITY-ST-ZIP: JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SOLE DIRECTOR NAME: REBECCA W. SMITH STREET ADDRESS: 3322 QUEEN PALM DR. CITY-ST-ZIP: JAX. BCH., FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 H. Watters* DATE: **3-15-05** DAYTIME PHONE #: **904 246-5600**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR