



2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3258520	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATTERS, JEFF H 4550 ROCKY RIVER RD. W. JACKSONVILLE FL 32224			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: 4-19-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, JAMES J JR.		NAME		
STREET ADDRESS	PO BOX 51172		STREET ADDRESS		
CITY-ST-ZIP	JAX BEACH FL 32240-1172		CITY-ST-ZIP	00000523373	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ROBERT F		NAME		
STREET ADDRESS	1415 TREE SPLIT LN		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		CITY-ST-ZIP	05/03/06-80070-007 150.00	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATTERS, JEFF H		NAME		
STREET ADDRESS	4550 ROCKY RIVER RD. W.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, REBECCA W		NAME		
STREET ADDRESS	3322 QUEEN PALM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 exemptions contained in Section 119, 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** **4-19-06** **904-246-5600**