

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S28659

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: SECURE ONE PROTECTION SERVICES, INC.

**Current Principal Place of Business:**

750 THIRD STREET  
STE #3  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

750 THIRD STREET  
STE #2  
NEPTUNE BEACH, FL 32266

**Current Mailing Address:**

P.O. BOX 51528  
JACKSONVILLE, FL 322401528

**New Mailing Address:**

FEI Number: 59-3258520      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WATTERS, JEFF H  
4550 ROCKY RIVER RD. W.  
JACKSONVILLE, FL 32224      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: SMITH, JAMES J JR.  
Address: PO BOX 51172  
City-St-Zip: JAX BEACH, FL 322401172

Title: VP ( ) Delete  
Name: SMITH, ROBERT F  
Address: 1415 TREE SPLIT LN  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: T ( ) Delete  
Name: WATTERS, JEFF H  
Address: 4550 ROCKY RIVER RD. W.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD ( ) Delete  
Name: SMITH, REBECCA W  
Address: 3322 QUEEN PALM DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SMITH JR

P

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date