

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S28659

FILED
Apr 27, 2011
Secretary of State

Entity Name: SECURE ONE PROTECTION SERVICES, INC.

Current Principal Place of Business:

750 THIRD STREET
STE #2
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

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

OFFICERS AND DIRECTORS:

Title: P
Name: SMITH, JAMES J JR.
Address: PO BOX 51528
City-St-Zip: JAX BEACH, FL 322401172

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES J SMITH JR

P

04/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date