

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S28659

FILED  
Apr 24, 2012  
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:**

800 THIRD STREET  
STE #A  
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

**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: R.SMITH

VP

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date