

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000002272

**FILED  
Feb 22, 2015  
Secretary of State  
CC1978767779**

**Entity Name:** SECURITY PROVIDERS OF FLORIDA, INC.

**Current Principal Place of Business:**

4793 N CONGRESS AVENUE  
204  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

P.O. BOX 211626  
ROYAL PALM BEACH, FL 33421-1626 US

**FEI Number: 26-1706308**

**Certificate of Status Desired: No**

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

SMITH, LYNN M  
8891 OKEECHOBEE BLVD  
APT #303  
WEST PALM BEACH, FL 33411 US

*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

**Officer/Director Detail :**

Title PS  
Name SMITH, LYNN M  
Address 8891 OKEECHOBEE BLVD  
APT # 303  
City-State-Zip: WEST PALM BEACH FL 33411

Title VP  
Name SCINSKI, THEODORE  
Address 1584 SHAKERWOOD CIR  
City-State-Zip: WELLINGTON FL 33414

Title JVP  
Name SMITH, LYALL W  
Address 932 CAMELLIA DR  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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: LYNN SMITH**

**PRESIDENT**

**02/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date