

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000044680

**Entity Name:** COMPLETE PROTECTION, INC.

**Current Principal Place of Business:**

8415 E. GOSPEL ISLAND RD.  
INVERNESS, FL 34450

**Current Mailing Address:**

PO BOX 757  
HOMOSASSA SPRINGS, FL 34447

**FEI Number:** 59-3239071

**Certificate of Status Desired:** No

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

SCALZI, TIMOTHY  
8415 E. GOSPEL ISLAND RD.  
INVERNESS, FL 34450 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            PRESIDENT  
Name            SCALZI, TIMOTHY  
Address        8415 E. GOSPEL ISLAND RD.  
City-State-Zip: INVERNESS FL 34450

*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:** TIMOTHY SCALZI

PRESIDENT

03/04/2021

Electronic Signature of Signing Officer/Director Detail

Date