

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000087679

**Entity Name:** SECURITY OPERATIONS & SOLUTIONS, INC.

**FILED**  
**Mar 06, 2015**  
**Secretary of State**  
**CC5192040336**

**Current Principal Place of Business:**

3815 NORTH US HWY 1  
SUITE 67  
COCOA, FL 32926

**Current Mailing Address:**

3815 NORTH US HWY 1  
SUITE 67  
COCOA, FL 32926

**FEI Number: 59-3539409**

**Certificate of Status Desired: No**

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

SCHARFENBERG, WILLIAM E  
3815 NORTH US HWY 1  
SUITE 67  
COCOA, FL 32926 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 P  
Name SCHARFENBERG, WILLIAM E  
Address 944 PELICAN LANE  
City-State-Zip: ROCKLEDGE FL 32955

Title T  
Name REMENTER, CALVIN J  
Address 4635 CARYSBROOK CT  
City-State-Zip: COCOA FL 32927

*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: CALVIN J. REMENTER**

**TREASURER**

**03/06/2015**

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

\_\_\_\_\_  
Date