

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03216

Entity Name: DJP SECURITY SYSTEMS, INC.**Current Principal Place of Business:**4801 NW GAINSVILLE RD.
OCALA, FL 34475**Current Mailing Address:**4801 NW GAINSVILLE RD.
OCALA, FL 34475 US**FEI Number:** 59-2994066**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GREENE, PHILLIP L
4274 NE 20TH AVE.
OCALA, FL 34479 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	PD
Name	GREENE, PHILLIP L
Address	4274 NE 20TH AVE
City-State-Zip:	OCALA FL 34479

Title	VPD
Name	GLOVER, GERALD M
Address	4053 NE 18TH TERR
City-State-Zip:	OCALA FL 34479

Title	D
Name	HUTTO, CHARLES S
Address	RT 3 BOX 372F
City-State-Zip:	CHIEFLAND FL 32626

Title	DST
Name	JONES, SHARON G
Address	20 NE 50TH AVE.
City-State-Zip:	OCALA FL 34470

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: PHILLIP L. GREENE**PRESIDENT****02/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date