


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 837959</b> 1. Entity Name PROTECTION SERVICES INC.	
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Principal Place of Business 635 LUCKNOW ROAD HARRISBURG, PA 17110	Mailing Address 635 LUCKNOW ROAD HARRISBURG, PA 17110
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2001976	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV MINORI, THOMAS M. 635 LUCKNOW RD HARRISBURG, PA 17110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO DUNMIRE, C C JR 635 LUCKNOW RD HARRISBURG, PA 17110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNMIRE, CC J 635 LUCKNOW RD HARRISBURG, PA 17110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANKO, DOUGLAS B 635 LUCKNOW RD HARRISBURG, PA 17110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC O'HARE, KATHLEEN S 635 LUCKNOW RD HARRISBURG, PA 17110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000677614  
 03/30/07-80109-020 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Kathleen S. O'Hare* Secretary *Kathleen S. O'Hare* 3/19/07 717-336-9307  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #