

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90020 029 ***150.00

DOCUMENT # 837959

1. Entity Name
PROTECTION SERVICES INC.



Principal Place of Business
**635 LUCKNOW ROAD
HARRISBURG, PA 17110**

Mailing Address
**635 LUCKNOW ROAD
HARRISBURG, PA 17110**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	CEO VP DUNMIRE, C C JR 635 LUCKNOW RD HARRISBURG, PA 17110 JAMES W. VANBUREN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DUNMIRE, C C JR 635 LUCKNOW RD HARRISBURG, PA 17110 PAUL J. DETWILER, III
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANKO, DOUGLAS B 635 LUCKNOW RD HARRISBURG, PA 17110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SG ASST SC OHARE, KATHLEEN S 635 LUCKNOW RD HARRISBURG, PA 17110 SHELLEY MACHAMER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAUL J. DETWILER, JR. 635 LUCKNOW ROAD HARRISBURG, PA 17110

**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: Shelley Machamer Asst Sec 4/24/08 (717) 236-9407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #