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. PRESIDENT

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

SIGNATURE: JOSEPH. B. FORD

Electronic Signature of Signing Officer/Director Detail

# Name and Address of Current Registered Agent:

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

# **Officer/Director Detail :**

Title	Т	Title	PRESIDENT
Name	DETWELER III, PAUL J	Name	FORD, JOSEPH B
Address	3912 BRUMBAUGH ROAD	Address	1011 MUMMA ROAD SUITE 101
City-State-Zip:	NEW ENTERPRISE PA 16664	City-State-Zip:	LEMOYNE PA 17043
Title	VP	Title Name Address City-State-Zip:	VP
Name	DETWILER JR, PAUL I		DETWILER. DONALD L
Address	3912 BRUMBAUGH ROAD		3912 BRUMBAUGH ROAD
City-State-Zip:	NEW ENTERPRISE PA 16664		NEW ENTERPRISE PA 16664

# Certificate of Status Desired: No

05/14/2015

# 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 837959** 

Entity Name: PROTECTION SERVICES INC.

# **Current Principal Place of Business:**

1011 MUMMA ROAD SUITE 101 LEMOYNE, PA 17043

### **Current Mailing Address:**

1011 MUMMA ROAD SUITE 101 LEMOYNE, PA 17043 US

## FEI Number: 23-2001976

FILED May 14, 2015 Secretary of State CC0796794659

Date