

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90062 018 ****61.25

DOCUMENT # 768824	
1. Entity Name	
THE PASCO COUNTY SECURITY PATROL ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
1842 TAMPA BAY DR. WESLEY CHAPEL FL 33543 US	1842 TAMPA BAY DR. WESLEY CHAPEL FL 33543 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For
59-2877014		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COOPER, GERALD 1842 TAMPA BAY DR. WESLEY CHAPEL FL 33543		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

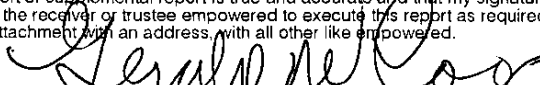
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAIGG, CAMERON 3712 EAGLE DR. LAND O LAKES FL 34639 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAIGE CAMERON 3712 GOLDEN EAGLE DR LAND O LAKES FL 34639- ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, GLEN 7205 BRENTWOOD DR. PORT RICHEY FL 34668 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRED DICTER TREA. 24851. Gun Smoke DR LAND O LAKES FL 34639 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, G.W. 1842 TAMPA BAY DR. WESLEY CHAPEL FL 33543 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. VERONICA DILBERT 24142 LAUREL RIDGE DR LUTZ FL 33559 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANTZ, BARBARA 10925 ROSSITER AVE. HUDSON FL 34667 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDRICH, RON 9704 ED ST. HUDSON FL 34669 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANKS, GLEN 12816 FIFTH ISLE NO. HUDSON FL 34667 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:  **FEB 16 2005 813-973-1041**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #