


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90052 023 ****61.25

DOCUMENT # N0100001692
 1. Entity Name
 SOUTHERN OAKS CRIME WATCH PATROL, INC.



Principal Place of Business
 5241 WELLFIELD RD
 NEW PORT RICHEY, FL 34655-4313

Mailing Address
 9300 REGENCY PARK BLVD
 PORT RICHEY, FL 34668

94033578



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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03182004 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-1088096

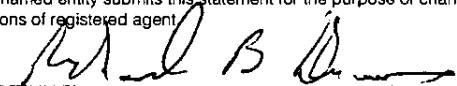
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DUANE, RICHARD B
 5241 WELLFIELD RD.
 NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent
 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  DATE 3-19-04

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

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ENGLE, RICHARD	
STREET ADDRESS	4819 FT PECK ROAD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAUNDERS, KEVIN	
STREET ADDRESS	5240 WELLFIELD RD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUANE, RICHARD B	
STREET ADDRESS	5241 WELLFIELD RD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PATTON, JUDY C	
STREET ADDRESS	5241 WELLFIELD RD.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  RICHARD B. DUANE, TRS. - 3-19-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #