


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90108 021 \*\*\*\*61.25

**DOCUMENT # N01000001692**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.


Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



03072006 Chg-NP CR2E037 (11/05)

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		7. Name and Address of New Registered Agent	
DUANE, RICHARD B 5241 WELLFIELD RD. NEW PORT RICHEY, FL 34655		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 \_\_\_\_\_

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAUNDERS, KEVIN 5240 WELLFIELD RD NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUANE, RICHARD B 5241 WELLFIELD RD NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATTON, JUDY C 5241 WELLFIELD RD. NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COCCIA, WILLIAM 4816 FORT PECK RD NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAY TEDESCO 4962 GALLATIN DR NEW PORT RICHEY 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ray Tedesco Vice President 4962 Gallatin Dr New Port Richey FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLIE MOSCATELLO 4444 ANACONDA DR. NEW PORT RICHEY FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLIE MOSCATELLO 4444 ANACONDA DR NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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 RICHARD B. DUANE 3/23/06 727-376-1928

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