## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#748869** 

FILED Jan 19, 2006 Secretary of State

Entity Name: REGENCY PARK SECURITY PATROL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 10240 REGENCY PARK BLVD. PT. RICHEY, FL 34668 **Current Mailing Address: New Mailing Address:** C/O DONALD F. PURCELL 9231 HUNT CLUB LANE PORT RICHEY, FL 34668 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRICK, PETER O 1511 REGENCY PARK BLVD PT RICHEY, FL 33568 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition PATTERSON, GLEN HAMM, KEVIN Name: Name: 7205 BRENTWOOD DR Address: 9331 GRAY FOX LANE Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: PORT RICHEY, FL 34668 Title: ( ) Delete Title: () Change () Addition HAVEE, GAIL Name: Name: Address: 9816 LAKESIDE LN Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition DOBIS, JEAN, DOBIS, JEAN Name: Name: Address: 7614 FOX HOLLOW DR Address: 7614 FOX HOLLOW DR City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: PORT RICHEY, FL 34668 Title: ( ) Delete Title: () Change () Addition Name: GRAHAM, EDWARD B. Name: Address: 7335 WESTCOTT DRIVE Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: Title: () Delete Title: () Change () Addition HAMM, KEVIN Name: Name: 9331 GRAY FOX LANE Address: Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: Title: () Delete Title: () Change () Addition PURCELL. DONALD F Name: Name: Address: 9231 HUNTY CLUB LANE Address: PORT RICHEY, FL 34668 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL HAVEE VP 01/19/2006