

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

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 759555**

1. Entity Name  
CRIME WATCH OF STUART, INC.



Principal Place of Business  
830 SE MARTIN L. KING JR. BLVD.  
STUART, FL 34994 US

Mailing Address  
830 MARTIN LUTHER KING JR. BLVD.  
STUART, FL 34994



03092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0030514

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

COFFIN, CARL  
121 S FLAGLER AVE  
STUART, FL 34994

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000553869  
05/15/06-AND68-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PANTEL, DAN 830 MARTIN LUTHER KING JR. BLVD. STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JUSTI, CONSTANCE J 1634 SW PINELAND WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOBSON, MARTIN 830 MARTIN LUTHER KING JR BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DOTSON, BARBARA 830 MARTIN LUTHER KING JR BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_