

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90013 018 \*\*\*\*61.25

**DOCUMENT # 760722**

1. Entity Name

SPRING HILL ALERT RESIDENTS PATROL, INC.



Principal Place of Business

PO BOX 3422  
SPRING HILL FL ~~34606~~ 34611

Mailing Address

PO BOX 3422  
SPRING HILL FL ~~34606~~ 34611

**54066647**



MOORE CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2296977

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORRIS, WILLIAM  
11452 CAVERN RD  
SPRING HILL FL 34609

Name

RAYMOND CORRIGAN

Street Address (P.O. Box Number is Not Acceptable)

11370 CORRIGAN ST.

City

SPRING HILL,

FL

Zip Code

34609

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

RAYMOND CORRIGAN, *Raymond Corrigan*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

7-27-04

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MORRIS, WILLIAM ☒ Delete  
STREET ADDRESS 11452 CAVERN RD  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE President ☒ Change ☒ Addition  
NAME Corrigan, Raymond  
STREET ADDRESS 11370 Corrigan St.  
CITY-ST-ZIP Spring Hill, FL 34609

TITLE VP ☒ Delete  
NAME ZABLOCKI, ROBERT H  
STREET ADDRESS 2131 ABBY AVE  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE VP ☐ Change ☒ Addition  
NAME Branker, Don  
STREET ADDRESS 8049 Alhambra Ct.  
CITY-ST-ZIP Spring Hill, FL 34606

TITLE SD ☒ Delete  
NAME VIDAL, SONIA  
STREET ADDRESS 11184 ADDISON ST  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE SEC ☐ Change ☒ Addition  
NAME LOHLEIN, EDITH  
STREET ADDRESS 476 Rio Vista Ct.  
CITY-ST-ZIP Spring Hill, FL 34608

TITLE TD ☐ Delete  
NAME ZABLOCKI, JOYCE  
STREET ADDRESS 2131 ABBY AVE  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Raymond Corrigan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-04

Date

Daytime Phone #