


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90050 035 ****61.25

DOCUMENT # 760722

1. Entity Name
SPRING HILL ALERT RESIDENTS PATROL, INC.



Principal Place of Business
 PO BOX 3422
 SPRING HILL, FL 34611

Mailing Address
 PO BOX 3422
 SPRING HILL, FL 34611

50013015



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01242005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-2296977

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORRIGAN, RAYMOND
11370 CORRIGAN ST
SPRING HILL, FL 34609

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 *Raymond Corrigan* **RAYMOND CORRIGAN** **2-4-05**
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, 2005

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	CORRIGAN, RAYMOND	
STREET ADDRESS	11370 CORRIGAN ST	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRANKER, DON	
STREET ADDRESS	8049 ALHAMBRA CT	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOHLEIN, EDITH	
STREET ADDRESS	476 RIO VISTA CT	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ZABLOCKI, JOYCE	
STREET ADDRESS	2131 ABBY AVE	
CITY-ST-ZIP	SPRING HILL, FL 34609	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULLITON, MICHAEL	
STREET ADDRESS	5230 MOSQUERO RD.	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, YVONNE	
STREET ADDRESS	3325 SOUTHWEST BLVD.	
CITY-ST-ZIP	SPRING HILL, FL. 34606	
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: *Raymond Corrigan* **RAYMOND CORRIGAN** **2/4/05** **352-683-5936**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #