


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

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 760722 1. Entity Name SPRING HILL ALERT RESIDENTS PATROL, INC.	
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Principal Place of Business PO BOX 3422 SPRING HILL, FL 34611	Mailing Address PO BOX 3422 SPRING HILL, FL 34611
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01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2296977	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORRIGAN, RAYMOND 11370 CORRIGAN ST SPRING HILL, FL 34609
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**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORRIGAN, RAYMOND 11370 CORRIGAN ST SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CULLITON, MICHAEL 5230 MOSQUERO RD SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOHLEIN, EDITH 476 RIO VISTA CT SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURRAN, YVONNE 3325 SOUTHWEST BLVD SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000390038
01/23/06-80009-011 70.00

**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: Raymond Corrigan 1/18/06 352 346 4325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #