

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90258 007 ****61.25

DOCUMENT # 766558

1. Entity Name
HIGH POINT MOBILE PATROL, INC.



Principal Place of Business
**7513 FIRST CIRCLE DR
BROOKSVILLE, FL 34613**

Mailing Address
**P.O. BOX 10303
BROOKSVILLE, FL 34603**

40039310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2252487

Applied For

Not Applicable

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

**LIDDLE, EMILY
7513 FIRST CIRCLE DR
BROOKSVILLE, FL 34613**

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 EMILY LIDDLE SECRETARY

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	LIDDLE, EMILY	
STREET ADDRESS	7513 FIRST CIRCLE DR	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE	P	<input type="checkbox"/> Delete
NAME	MORRIS, JAMES GORDON PULLAN	
STREET ADDRESS	8114 HESTER 12336 HALLMARK AVE.	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE	T	<input type="checkbox"/> Delete
NAME	LABELLE, MARLENE	
STREET ADDRESS	8088 FAIRLANE AVE.	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BURRIS, JOHN KEN LOWELL	
STREET ADDRESS	8081 FAIRLANE AVE 8036 WESTERN CIRCLE	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	COCHRANE, MARJORIE	
STREET ADDRESS	7436 FIRST CIRCLE DR.	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	LISKA, ARTHUR WILMA BAKER	
STREET ADDRESS	7077 FAIRLANE AVENUE 8039 BALTIC ST.	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	

TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTTIE JAMIESON	
STREET ADDRESS	8202 STOCKHOLM	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB MYERS	
STREET ADDRESS	12208 FAIRWAY AVE.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD REBER	
STREET ADDRESS	8046 HIGH POINT BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES REICHARD	
STREET ADDRESS	8031 HIGH POINT BLVD.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD GLASSER	
STREET ADDRESS	7405 FAIRLANE AVE.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	

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: Emily Liddle, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-597-8157

Date

Daytime Phone #