2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90179 001 ****61.25

DOCUMENT # 766558

1. Entity Name
HIGH POINT MOBILE PATROL, INC.

Principal Place of Business	Mailing Address
7513 FIRST CIRCLE DR BROOKSVILLE, FL 34613	P.O. BOX 10303 BROOKSVILLE, FL 34603

01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 Nancy Hyatt Street Address (P.O. Box Number is Not Acceptable) 8707 High Point Blvd City Brooksville FL Zip Code 34613

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: X Nancy Hyatt 4-9-07
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, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S LIDDLE, EMILY 7513 FIRST CIRLE DR BROOKSVILLE, FL 34613	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP James Morris 12433 Harker St Brooksville, FL 34613	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PULLAN, GORDON 12336 HALLMARK AVE BROOKSVILLE, FL 34613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Nancy Hyatt 8707 High Point Dr Brooksville FL 34613	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LABELLE, MARLENE 8088 FAIRLANE AVE. BROOKSVILLE, FL 34613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dottie Jamieson 8202 Stockholm St Brooksville, FL 34613	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LOWELL, KEN 8036 WESTERN CIR BROOKSVILLE, FL 34613	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Myers 12208 Fairway Ave Brooksville FL 34613	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, WILMA 8039 BALTIC ST BROOKSVILLE, FL 34613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Harold Reber 8046 - High Point Blvd Brooksville, FL 34613	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LISKA, ARTHUR 7277 FAIRLANE AVENUE BROOKSVILLE, FL 34613	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charles Reichard 8031 High Point Blvd Brooksville, FL 34613	☐ Change ☑ Addition

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: Marlene M LaBelle Treasurer Marlene M LaBelle 4-9-07 352-597-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #