

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

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90018 043 ****70.00

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1. Entity Name

CREST RIDGE GARDENS SECURITY PATROL, INC.



Principal Place of Business

4806 - 4808 PHOENIX AVENUE
HOLIDAY FL 34690

Mailing Address

4806 - 4808 PHOENIX AVENUE
HOLIDAY FL 34690

34013000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2260171

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

SCHARTZ, MARK
5012 GENESIS
HOLIDAY FL 34690

Name WELCH, THEODORE

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

5021 PHOENIX AV.

City HOLIDAY

FL 34690

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

FILE NOW: FEE IS \$61.25
Due By May 1, 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 NAME STREET ADDRESS CITY - ST - ZIP	DV BUERGER, JERRY LEE 1543 SENTINEL STREET HOLIDAY, FL 34690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BURR, ANN 1438 EXCALIBUR ST HOLIDAY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOREY, DON 4634 MIRSSHAM HOLIDAY FL 39680	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUERGER, CARL 1543 SENTINAL STREET HOLIDAY FL 34690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHANTZ, MARK 5012 BENESIA AVE HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURR, WALTER 1438 EXCALIBUR STREET HOLIDAY FL 34690	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT THEODORE WELCH, THEODORE 5021 PHOENIX AV. HOLIDAY FL 34690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT CROSS, IRENE 5021 PHOENIX AV. HOLIDAY FL 34690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GERLACH, BILLIE ANN 4844 MIRAGE AV. HOLIDAY, FL 34690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARON, ANITA 4840 ZODIAC AV. HOLIDAY, FL 34690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOVEY, DONALD 4934 MIRAGE AV. HOLIDAY, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUNO, LORRAINE 1502 LANDAU ST. HOLIDAY FL 34690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Theodore J. Welch THEODORE J. WELCH Feb. 19, 2004 (727) 937-3783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #