1. Entity Name
CREST RIDGE GARDENS SECURITY PATROL, INC.

FILED
Feb 14, 2005 08:00 AM
Secretary of State

Principal Place of Business
4806 - 4808 PHOENIX AVENUE
HOLIDAY, FL 34690

Mailing Address
4806 - 4808 PHOENIX AVENUE
HOLIDAY, FL 34690
768560

01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2260171
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WELCH, THEODORE
5021 PHOENIX AVE.
HOLIDAY, FL 34690

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	BUERGER, JERRY LEE
STREET ADDRESS	1543 SENTINEL STREET
CITY-ST-ZIP	HOLIDAY, FL 34690,
TITLE	P
NAME	WELCH, THEODORE
STREET ADDRESS	5021 PHOENIX AVE.
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	V
NAME	CROSS, IRENE
STREET ADDRESS	5021 PHOENIX AVE.
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	D
NAME	BUERGER, CARL
STREET ADDRESS	1543 SENTINAL ST.
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	T
NAME	GERLACH, BILLIE ANN
STREET ADDRESS	4844 MIRAGE AVE.
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	D
NAME	BURR, WALTER
STREET ADDRESS	1438 EXCALIBUR STREET
CITY-ST-ZIP	HOLIDAY, FL 34690

U00000230298
02/15/05-80038-002 70.00

DO NOT WRITE IN THIS SPACE

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 D. Welch February 10, 2005 (727) 937-3783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #