# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 12, 2009**
**Secretary of State**

DOCUMENT# 768560

**Entity Name:** CREST RIDGE GARDENS SECURITY PATROL, INC.

**Current Principal Place of Business:**

4806 - 4808 PHOENIX AVENUE
HOLIDAY, FL 34690

**New Principal Place of Business:**

**Current Mailing Address:**

4806 - 4808 PHOENIX AVENUE
HOLIDAY, FL 34690

**New Mailing Address:**

**FEI Number: 59-2260171** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WELCH, THEODORE
5021 PHOENIX AVE.
HOLIDAY, FL 34690 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | DV | ( ) Delete |
| Name: | BUERGER, JERRY LEE | |
| Address: | 1543 SENTINEL STREET | |
| City-St-Zip: | HOLIDAY, FL 34690 US | |
| Title: | P | ( ) Delete |
| Name: | WELCH, THEODORE | |
| Address: | 5021 PHOENIX AVE. | |
| City-St-Zip: | HOLIDAY, FL 34690 US | |
| Title: | V | ( ) Delete |
| Name: | CROSS, IRENE | |
| Address: | 5021 PHOENIX AVE. | |
| City-St-Zip: | HOLIDAY, FL 34690 US | |
| Title: | D | ( ) Delete |
| Name: | BUERGER, CARL | |
| Address: | 1543 SENTINAL ST. | |
| City-St-Zip: | HOLIDAY, FL 34690 US | |
| Title: | T | ( ) Delete |
| Name: | GERLACH, BILLIE ANN | |
| Address: | 4844 MIRAGE AVE. | |
| City-St-Zip: | HOLIDAY, FL 34690 US | |
| Title: | D | ( ) Delete |
| Name: | BURR, WALTER | |
| Address: | 1438 EXCALIBUR STREET | |
| City-St-Zip: | HOLIDAY, FL 34690 US | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLIE ANN GERLACH T 02/12/2009
Electronic Signature of Signing Officer or Director — Date