


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90032 040 \*\*\*\*61.25

DOCUMENT # <b>N03000010975</b> 1. Entity Name <b>CLERMONT ENFORCERS, INC.</b>	
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Principal Place of Business <b>16830 FLORENCE VIEW DRIVE          MONTVERDE FL 34756          US</b>	Mailing Address <b>16830 FLORENCE VIEW DRIVE          MONTVERDE FL 34756          US</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E037, (10/04)

6. Name and Address of Current Registered Agent <b>CROWELL, RICHARD W          16830 FLORENCE VIEW DRIVE          MONTVERDE FL 34756</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code	
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4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25          Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to          Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: CROWELL, RICHARD W STREET ADDRESS: 11300 ROSEHILL DRIVE CITY-ST-ZIP: CLERMONT FL 34711	<input type="checkbox"/> Delete	TITLE: <b>CROWELL, RICHARD W</b> NAME: <b>16830 FLORENCE VIEW DRIVE</b> STREET ADDRESS: <b>MONTVERDE, FL 34756</b> CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: TEAL, JOHN R STREET ADDRESS: 11300 ROSEDILL DRIVE CITY-ST-ZIP: CLERMONT FL 34711	<input type="checkbox"/> Delete	TITLE: <b>Teal, JOHN R</b> NAME: <b>11300 ROSEDILL DRIVE</b> STREET ADDRESS: <b>CLERMONT, FL 34711</b> CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: LOVE, RICHARD A STREET ADDRESS: 430 WATERWOOD COURT CITY-ST-ZIP: CLERMONT FL 34711	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input 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: Richard W. Crowell **RICHARD W. CROWELL** PRESIDENT 2/17/05 352 394-7171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #