


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90020 014 \*\*\*\*61.25

<b>DOCUMENT # N05000004637</b>	
1. Entity Name LEXINGTON OAKS CRIME WATCH PATROL, INC.	

Principal Place of Business 5504 RIVA RIDGE DRIVE WESLEY CHAPEL, FL 33544	Mailing Address 5504 RIVA RIDGE DRIVE WESLEY CHAPEL, FL 33544
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**DO NOT WRITE IN THIS SPACE**



07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2755826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FULCINITI, SAMUEL  
5504 RIVA RIDGE DRIVE  
WESLEY CHAPEL, FL 33544

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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 Samuel Fulciniti DATE July 3, 2007

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

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FULCINITI, SAMUEL 5504 RIVA RIDGE DRIVE WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Samuel Fulciniti - Secretary 5504 Riva Ridge Drive Wesley Chapel, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer MARILYN THOMAS 5017 Gato Del Sol Circle Wesley Chapel, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Roger Boudreau 6881 War Admiral Drive Wesley Chapel, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Samuel Fulciniti DATE July 3, 2007 DAYTIME PHONE # 813 994-7110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR