


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000002811	
1. Entity Name THE CIVILIAN MOUNTED PATROL, INC.	

Principal Place of Business 411 N. FRANKLIN STREET TAMPA, FL 33602	Mailing Address 411 N. FRANKLIN STREET TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



03042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 87-0772045	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRISON, CHARLES J 411 N. FRANKLIN STREET TAMPA, FL 33602
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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 _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, CHARLES J 11131 WALTER HUNTER ROAD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAFARO, ROSANNA 36635 BLANTON RD DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALONSO-HARRISON, DEBBIE 11131 WALTER HUNTER ROAD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEMAN, BARBARA 5039 BOOTH ROAD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUNTY, RUSTY 3300 BATTEN RD BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADLINGTON, NANCY JO 2744 W KNIGHTS GRIFFIN RD PLANT CITY, FL 33565

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U00000853921
03/26/08-80089-007 61.25

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:  Charles J. Harrison	3/4/08	813-623-3996
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>