

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # N09332

**1. Entity Name
PARKWOOD ACRES SECURITY PATROL, INC.**



**Principal Place of Business
9704 ED ST
HUDSON, FL 34669**

**Mailing Address
9704 ED ST
HUDSON, FL 34669**



02172004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-2929033**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**ALDRICH, RONALD
9704 ED ST
HUDSON, FL 34669**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

1000000067142
02/26/04-80044-005 61.25

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ALDRICH, RONALD
9704 ED ST
HUDSON, FL 34669**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KASTNER, PAUL
12928 PARKWOOD STREET
HUDSON, FL 34669**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CONRAD, MARGARET
9705 ED ST
HUDSON, FL 34669**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CONRAD, ALFRED
9705 ED ST
HUDSON, FL 34669**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EVERETT, WILLIS
9811 BUDD STREET
HUDSON, FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SOUTHARD, KENNETH
13121 PARKWOOD ST
HUDSON, FL 34669**

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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: Margaret Conrad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04
Date

727-869-6491
Daytime Phone #