


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90032 042 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2929033	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALDRICH, RONALD 9704 ED ST HUDSON, FL 34669				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE: <i>Ronald Aldrich</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 1/14/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALDRICH, RONALD 9704 ED ST HUDSON, FL 34669		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KASTNER, PAUL 12928 PARKWOOD STREET HUDSON, FL 34669		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONRAD, MARGARET 9705 ED ST HUDSON, FL 34669		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONRAD, ALFRED 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	D Tulk, Thomas 9727 Lee St. Hudson, FL 34669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOUTHARD, KENNETH 13121 PARKWOOD ST HUDSON, FL 34669		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Webster, Thomas 12920 Littlewood Dr. Hudson, FL 34669	
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: <i>Ronald Aldrich</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 1/14/05 Daytime Phone #: 727-868-8743	

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01122005 Chg-NP CR2E037 (10/03)