

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90078 044 ****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



01062006 No Chg-NP

CR2E037 (11/05)

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

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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 Ronald Aldrich, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/10/06

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE D
NAME TULK, THOMAS
STREET ADDRESS 9727 LEE ST
CITY-ST-ZIP HUDSON, FL 34669

TITLE T
NAME WEBSTER, THOMAS
STREET ADDRESS 12920 LITEWOOD DR
CITY-ST-ZIP 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 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: Ronald Aldrich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/06 727-868-8743