


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

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N09332</b> 1. Entity Name <b>PARKWOOD ACRES SECURITY PATROL, INC.</b>	
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Principal Place of Business <b>9704 ED ST HUDSON, FL 34669</b>	Mailing Address <b>9704 ED ST HUDSON, FL 34669</b>
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2929033</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees 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 *Ronald Aldrich* **Ronald Aldrich, Pres.** 1/11/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate) DATE

<b>Filing Fee is \$61.25 Due by May 1, 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	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 CONRADS, MARGARET 9705 ED ST HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONRADS, ALFRED 9705 ED ST HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TULK, THOMAS 9727 LEE ST HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBSTER, THOMAS 12920 LITEWOOD DR HUDSON, FL 34669

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01/16/07-80059-006 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: *Ronald Aldrich* **Ronald Aldrich, Pres.** 1/11/07 727-868-8743  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #