2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N11244

Entity Name: HOLIDAY LAKE ESTATES SECURITY PATROL, INC.

Current Principal Place of Business:

3624 ATLANTIS DRIVE
HOLIDAY, FL 34691 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4039
HOLIDAY, FL 34690 US

New Mailing Address:

FEI Number: 59-2240505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REAP, THOMAS
Address: 1202 VIKING DR
City-St-Zip: HOLIDAY, FL 34691

Title: V ( ) Delete
Name: VALLIERE, MARILYNN
Address: 1318 VIKING DR
City-St-Zip: HOLIDAY, FL 34691

Title: T ( ) Delete
Name: MATHEY, LUGENE
Address: 2047 DARTMOUTH DR
City-St-Zip: HOLIDAY, FL 34691

Title: S ( ) Delete
Name: MATHEY, EDWARD
Address: 2047 DARTMOUTH DR
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUGENE MATHEY T 04/18/2009

Electronic Signature of Signing Officer or Director — Date