


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N33955 1. Entity Name WITHLACOOCHEE CRIME WATCH, INC.	
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Principal Place of Business 167 HWY. 40 WEST P. P. BOX 65 INGLIS, FL 34449-0065 US	Mailing Address 167 HWY. 40 WEST P. P. BOX 65 INGLIS, FL 34449-0065 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REID, SHARON
31 S SCHOOLCRAFT DR
INGLIS, FL 34449

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUBISTER, SHIRLEY 29 MAGNOLIA AVE YANKEETOWN, FL 34498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSH, SUELLEN 35 SHEARER ST INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUBISTEK, ROBERT 29 MAGNOLIA AVE YANKEETOWN, FL 34498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DERIJKE, MARINUS F 6112 RIVERSIDE DR YANKEETOWN, FL 34498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, JOAN 30 60TH STREET YANKEETOWN, FL 34498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

01/11/05-80035-003 61.25

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 reports 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 an other like empowered.

SIGNATURE: Marinus F. De Rijke 1-10-05, 447-6098 (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #