

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N96000005214

1. Entity Name

SUNNY HILLS CRIME PATROL, INC.



FILED
Jul 29, 2005 08:00 AM
Secretary of State

Principal Place of Business

4298 COUNTRY CLUB BLVD.
SUNNY HILLS FL 32428

Mailing Address

4298 COUNTRY CLUB BLVD.
SUNNY HILLS FL 32428

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3413598

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCEVOY, FRED
4298 COUNTRY CLUB BLVD.
SUNNY HILLS FL 32428

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCEVOY, FRED
STREET ADDRESS 4298 COUNTRY CLUB BLVD.
CITY-STATE-ZIP SUNNY HILLS FL 32428 ☐ Delete

TITLE VPD
NAME MASON, CHARLES
STREET ADDRESS 4015 QUAIL AVE
CITY-STATE-ZIP SUNNY HILLS FL 32428 ☐ Delete

TITLE D
NAME EVANS, JACK
STREET ADDRESS 4091 FAIRBANKS DRIVE
CITY-STATE-ZIP SUNNY HILLS FL 32428 ☐ Delete

TITLE D
NAME VYSNIUSKAS, JONAS
STREET ADDRESS 4129 MERRIFIELD COURT
CITY-STATE-ZIP SUNNY HILLS FL ☐ Delete

TITLE D
NAME KILEY, JOHN
STREET ADDRESS 4454 HANCOCK
CITY-STATE-ZIP SUNNY HILLS FL 32428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
U00000374952
07/29/05-80005-003 61.25

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

John J. Kiley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/25/05 (850) 773-2374
Daytime Phone