


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000003861  
 1. Entity Name  
 CRIMINON OF SOUTH FLORIDA, INC.



Principal Place of Business      Mailing Address  
 5303 ATASCOCITA RD.      P.O. BOX 291746  
 534      DAVIE, FL 33329 US  
 HUMBLE, TX 77346 US

**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0766883	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  
 INGRAM & INGRAM  
 2630 UNIVERSITY BLVD  
 SARASOTA, FL 34243

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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 \$81.25 Due by May 1, 2005  
 9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 U00000347332  
 04/30/05-80111-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MENTER, DAVID 5303 ATASCOCITA RD., #534 HUMBLE, TX 77346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD THOMPSON, PATRICIA 4727 HOLLY LAKE DR LAKE WORTH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, VIKKI 1610 PALMETTO STREET CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: David Menter      4/25/05      713-443-1702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #