

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90063 015 ***150.00

DOCUMENT # P04000122438

1. Entity Name

SENTRY HOMEWATCH, INC.



Principal Place of Business

**3679 OLDE COTTAGE LANE
BONITA SPRINGS FL 34134**

Mailing Address

**3679 OLDE COTTAGE LANE
BONITA SPRINGS FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

01-0820249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICKEL, CARL I
9220 BONITA BEACH RD.
BONITA SPRINGS FL 34133**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete
NAME MCNEIL, THOMAS O
STREET ADDRESS 3679 OLDE COTTAGE LANE
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VCOO ☒ Delete
NAME KETTWIG, RONALD
STREET ADDRESS 3463 MARRBELLA COURT
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE STCF ☒ Delete
NAME KETTWIG, MARVLYN
STREET ADDRESS 3463 MARRBELLA COURT
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE DV ☒ Delete
NAME WALSH, M. JOSEPH
STREET ADDRESS 3683 OLDE COTTAGE LANE
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE WPRESIDENT, COO ☒ Change ☐ Addition
NAME MCNEIL, LOUISA. W.
STREET ADDRESS 3679 OLDE COTTAGE LANE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE STCF ☒ Change ☐ Addition
NAME NICKEL, CARL
STREET ADDRESS 9220 BONITA BEACH RD
CITY-ST-ZIP BONITA SPRINGS, FL 34133

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: *Thomas O. McNeil* **THOMAS O. MCNEIL** 02/12/06 239-445-6427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #