2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000130332

1. Entity Name
STROUD'S HOME WATCH, INC.

Principal Place of Business	Mailing Address
821 UMBER DR FT MYERS, FL 33913 US	821 UMBER DR FT MYERS, FL 33913 US

DO NOT WRITE IN THIS SPACE

03292007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable

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

6. Name and Address of Current Registered Agent

STROUD, LORI L
821 UMBER DR
FT MYERS, FL 33913

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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_____
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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P D
NAME	STROUD, LORI L
STREET ADDRESS	821 UMBER DR
CITY-ST-ZIP	FT MYERS, FL 33913
TITLE	V S T D
NAME	STROUD, LORI
STREET ADDRESS	821 UMBER DR
CITY-ST-ZIP	FT MYERS, GA 33913
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/07-80010-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Lori Stroud_   3-30-07   239-246-0634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Lori Stroud