

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 29, 2005  
Secretary of State**

DOCUMENT# L18203

Entity Name: PASCO LAKES INC.

**Current Principal Place of Business:**

9995 GATE PARKWAY N  
SUITE 200  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

9995 GATE PARKWAY N  
SUITE 200  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

FEI Number: 59-3085456      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WODRICH, MICHAEL A  
1301 RIVERPLACE BLVD STE 1500  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: APPLEBY, CHARLES C  
Address: 9995 GATE PKWY N STE 200  
City-St-Zip: JACKSONVILLE, FL 32246

Title: CEO ( ) Delete  
Name: CRAWFORD, FELIX A  
Address: 9995 GATE PKWY N STE 200  
City-St-Zip: JACKSONVILLE, FL 32246

Title: COO ( ) Delete  
Name: HALL, WALTER  
Address: 9995 GATE PKWY N STE 200  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES APPLEBY

DSPT

03/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date