

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90390 010 ***150.00

DOCUMENT # P06000028933					
1. Entity Name PASCO-BLUEPRINT-INC.					
Principal Place of Business 5323 MAIN STREET NEW PORT RICHEY FL 34652			Mailing Address 5323 MAIN STREET NEW PORT RICHEY FL 34652		
2. Principal Place of Business - No P.O. Box # 5326 Main St.			3. Mailing Address P.O. Box 937		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State New Port Richey FL		City & State Port Richey FL		4. FEI Number 20-4383345	
Zip 34652	Country Pasco	Zip 34673	Country Pasco	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, CONSTANCE H 5323 MAIN STREET NEW PORT RICHEY FL 34652				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BENNETT, CONSTANCE H 5323 MAIN STREET NEW PORT RICHEY FL 34652 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	director Heather N. Denette 6421 Drexel Dr. Port Richey, FL 34668 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA BENNETT, CONSTANCE H 5323 MAIN STREET NEW PORT RICHEY FL 34652 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC BENNETT, CONSTANCE H 5323 MAIN STREET NEW PORT RICHEY FL 34652 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	

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: Constance H. Bennett, pres. **4.17.07** **7278451251**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #