## **2005 FOR PROFIT CORPORATION**

## Jan 07, 2005 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P99000077969 01-07-2005 90006 023 \*\*\*150.00 PACIFICO NATIONAL. INC. Principal Place of Business Mailing Address 1333 GATEWAY DR., STE, 1022 1333 GATEWAY DR., STE. 1022 50000559 MELBOURNE, FL 32901 MELBOURNE, FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3601043 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, LARRY W. Street Address (P.O. Box Number is Not Acceptable) 1333 GATEWAY DR., STE. 1022 MELBOURNE, FL 32901 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 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE Change ☐ Delete TITLE SANGREE, MARK NAME NAME 1924 DAIRY RD. 1333 Gateway Drive, Suite 1022 STREET ADDRESS STREET ADDRESS CITY-ST-7/P WEST MELBOURNE, FL 32904 CITY-ST-7/P Melbourne FL 32901 TITLE ☐ Delete ☐ Addition Change JUSTICE, CINDY NAME 1333 Gateway Drive, Suite 1022 STREET ADDRESS 1924 DAIRY RD. STREET ADDRESS CITY-ST-ZIP WEST MELBOURNE, FL. 32904 CITY-ST-7IP Melbourne FL 32901 ☐ Delete Change : ☐ Addition THOMPSON, LARRY NAME NAME 1924 DAIRY RD. 1333 Gateway Drive, STREET ADDRESS STREET ADDRESS Suite 1022 WEST MELBOURNE, 32 92904 CITY-ST-7IP CITY-ST-ZP Melbourne FL 32901 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 supplied in the su

CITY-ST-ZIP

SIGNATURE!

Thompson, Director ED OR PRINTED NAME OF SIGN

**FILED**