

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 491831

Entity Name: WEST PASCO MLS, INC.**Current Principal Place of Business:**5409 SUNSET RD.
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5409 SUNSET RD.
NEW PORT RICHEY, FL 34652**FEI Number:** 59-1650514**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MISEMER, KENNETH R
5645 NEBRASKA AVE
NEW PORT RICHEY, FL 34652 US*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

Officer/Director Detail :

Title	ED
Name	COPELAND, SAMMIE
Address	.5409 SUNSET RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	PAST PRESIDENT
Name	LUCCO, CONNIE
Address	5409 SUNSET RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	PRESIDENT ELECT
Name	MILLER, CATHERINE
Address	5409 SUNSET RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	SCHMIDT, JESSICA
Address	5409 SUNSET RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	PRESIDENT
Name	LABBANCZ, WILLIAM
Address	5409 SUNSET RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	BARRETT, ASHLEY
Address	5409 SUNSET RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	YINGLING, WILLIAM
Address	5409 SUNSET RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	DUMAS, MIKE
Address	5409 SUNSET RD.
City-State-Zip:	NEW PORT RICHEY FL 34652

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I hereby 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 all other like empowered.

SIGNATURE: SAMMIE COPELAND**EXECUTIVE OFFICER****01/31/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WALLACE, JIM
Address 5409 SUNSET RD.
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name SHADE, TRICIA
Address 5409 SUNSET RD.
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name WIBIRT, TOM
Address 5409 SUNSET RD.
City-State-Zip: NEW PORT RICHEY FL 34652