


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90045 029 ***150.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # 319124 1. Entity Name PASCO UTILITIES, INC. | | | |  | |
| Principal Place of Business 2700 N MAC DILL AVE PO BOX 4118 TAMPA, FL 33677 | | | Mailing Address 2700 N MAC DILL AVE PO BOX 4118 TAMPA, FL 33677 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 40 Sandpiper Rd Suite, Apt. #, etc. | | | |
| City & State Tampa FL | | City & State Tampa FL | | 4. FEI Number 59-1619481 | |
| Zip 33609 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JOHN FERNANDEZ 2700 N. MACDILL AVENUE PO BOX 4118 TAMPA, FL 33607 | | | 7. Name and Address of New Registered Agent Name Maynard FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 2700 N. MACDILL AVE #115 City Tampa FL Zip Code 33609 | | |
| 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 <i>Maynard Fernandez</i> 1-14-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D FERNANDEZ, Y C 2700 N MACDILL AVE #115 TAMPA, FL 33607 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P, D, S Maynard FERNANDEZ 40 Sandpiper Rd Tampa, FL 33609 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LLANES, LIONEL 2700 N MACDILL AVE, #115 TAMPA, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gilda FERNANDEZ 40 Sandpiper Rd Tampa, FL 33609 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FERNANDEZ, JOHN 2700 N. MACDILL AV. #115 TAMPA, FL 33607 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Shannon Parker 212 S. Benalla Dr. Tampa, FL 33609 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD FERNANDEZ, Y.C. JR. 2700 N. MACDILL AV. #115 TAMPA, FL 33607 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FERNANDEZ, Y.C. 2700 MACDALL AVE. #115 TAMPA, FL 33607 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: <i>Maynard Fernandez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 1-14-05 813-286-9721 <small>Daytime Phone #</small> | | |

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01142005 Chg-P CR2E034 (10/03)