2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# 319124

Entity Name: PASCO UTILITIES, INC.

Current Principal Place of Business:

2700 N MAC DILL AVE
PO BOX 4118
TAMPA, FL 33677

New Principal Place of Business:

Current Mailing Address:

40 SANDPIPER RD
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-1619481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, MAYNARD
2700 N. MACDILL AVENUE
#115
TAMPA, FL 33609 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: PDS ( ) Delete
Name: FERNANDEZ, MAYNARD
Address: 40 SANDPIPER RD
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: FERNANDEZ, GILDA
Address: 40 SANDPIPER RD
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: PARKER, SHANNON
Address: 212 S RENELLIE DR
City-St-Zip: TAMPA, FL 33609

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FERNANDEZ, MAYNARD
Address: 40 SANDPIPER RD
City-St-Zip: TAMPA, FL 33609

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

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

Title: SD ( ) Change (X) Addition
Name: LIONEL, LLANES
Address: 2700 N. MACDILL AVE SUITE 115
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MAYNARD FERNANDEZ PD 02/03/2006

Electronic Signature of Signing Officer or Director — Date