

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 644559

FILED
Apr 30, 2004
Secretary of State

Entity Name: PASCO FINANCIAL SERVICES, INC.

Current Principal Place of Business:

6843 SR 54
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

2732 QUIET HOLLOW COURT
NEW PORT RICHEY, FL 34655

Current Mailing Address:

6843 SR 54
NEW PORT RICHEY, FL 34653

New Mailing Address:

2732 QUIET HOLLOW COURT
NEW PORT RICHEY, FL 34655

FEI Number: 59-1948692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUMMINS, VERNON, D
6843 SR 54
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

CUMMINS, VERLON, D
2732 QUIET HOLLOW
NEW PORT RICHEY, FL 34655 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: VERLON D. CUMMINS

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CUMMINS, VERLON D.,
Address: 6843 SR 54
City-St-Zip: NEW PORT RICHEY, FL

Title: VS () Delete
Name: MILLER, CELESTE CLAI, RE
Address: 6843 ST. RD. 54
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CUMMINS, VERLON D.,
Address: 2732 QUIET HOLLOW COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VS (X) Change () Addition
Name: MILLER, CELESTE CLAI, RE
Address: 2732 QUIET HOLLOW COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VERLON D. CUMMINS

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date