




Apr 15
Sec

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 644559			
1. Entity Name PASCO FINANCIAL SERVICES, INC.			
Principal Place of Business 2732 QUIET HOLLOW COURT NEW PORT RICHEY, FL 34655	Mailing Address 2732 QUIET HOLLOW COURT NEW PORT RICHEY, FL 34655		
DO NOT WRITE IN THIS SPACE			
		04122005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1948692	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
CUMMINS, VERLON, D 2732 QUIET HOLLOW NEW PORT RICHEY, FL 34655		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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
		U00000307479 04/15/05-80055-011 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUMMINS, VERLON D. 2732 QUIET HOLLOW COURT NEW PORT RICHEY, FL 34655	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MILLER, CELESTE CLAIRE 2732 QUIET HOLLOW COURT NEW PORT RICHEY, FL 34655		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4/15/05 (727) 378-9927	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	