


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2006 08:00 AM
Secretary of State

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| DOCUMENT # 644559 1. Entity Name PASCO FINANCIAL SERVICES, INC. |  |
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| 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



05162006 No Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 59-1948692 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CUMMINS, VERLON, D 2732 QUIET HOLLOW NEW PORT RICHEY, FL 34655 |
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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 _____
Signature, typed or printed name of registered agent and LLC, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$350.00 Due by September 5, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CUMMINS, VERLON D. 2732 QUIET HOLLOW COURT NEW PORT RICHEY, FL 34655 |
| 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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05/20/06-80086-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **CELESTE CLAIRE MILLER** May 16, 2006 (727) 372-9972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR