

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90021 040 \*\*\*\*70.00

<b>DOCUMENT # 728874</b> 1. Entity Name <b>EAST PASCO MEALS ON WHEELS, INC.</b>					
Principal Place of Business <b>38145 15TH AVE. ZEPHYRHILLS, FL 33542-7443</b>			Mailing Address <b>38145 15TH AVE. ZEPHYRHILLS, FL 33542-7443</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1565648</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALLISON, DAWN 5522 9TH ST ZEPHYRHILLS, FL 33542</b>				7. Name and Address of New Registered Agent Name <b>BESON, Cynthia</b> Street Address (P.O. Box Number is Not Acceptable) <b>7233 Highland Loop</b> City <b>Zephyrhills</b> <b>FL</b> Zip Code <b>33541</b>	
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>Cynthia Beson</i> <b>Cynthia Beson</b> <b>2-13-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED ALLISON, DAWN 5522 9TH ST ZEPHYRHILLS, FL 33542</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED BESON, Cynthia 7233 Highland Loop Zephyrhills, FL 33541</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SESSLER, BETTY 37722 ALISSA DR. ZEPHYRHILLS, FL 33540</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SLATER, JAN 10400 DUSTY HILL LOOP DADE CITY, FL 33525</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BABBITT, ANN 38117 WINTERS DR ZEPHYRHILLS, FL 33541</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MITCHELL, Tim 3004 FOXWOOD BLVD Zephyrhills, FL 33543</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LAGERFELDT, AUDREA 39328 RHADIN PL WESLEY CHAPEL, FL 33544</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LOPEZ, LUIS 5809 18th ST Zephyrhills, FL 33542</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GOEBEL, WALTER 4907 LAKE SIDE ZEPHYRHILLS, FL 33542</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BABBITT, ANN 38117 WINTERS Dr. Zephyrhills, FL 33542</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LANG, DONALD 36537 JODI ZEPHYRHILLS, FL 33541</b>	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 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 617, 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>Cynthia Beson</i> <b>Cynthia Beson</b> <b>2-13-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					