2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State
07-13-2006 90021 041 ****61.25

DOCUMENT # 737927

1. Entity Name
SOLVE OF PASCO COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
6102 INDIANA AVE NEW PORT RICHEY, FL 34653 US	6102 INDIANA AVE NEW PORT RICHEY, FL 34653 US

07062006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0667149
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, RITA M
7301 JASMINE BLVD
PORT RICHEY, FL 34668

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: Rita O'Connor 7-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	RS
NAME	MCLAUGHLIN, BARBARA
STREET ADDRESS	6108 HIDDEN TRAILS COURT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	TD
NAME	DUSTEN, MARIE
STREET ADDRESS	3806 SABLEWOOD DR.
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	PD
NAME	~~GAZEL, MARGARET~~ Rose Brown
STREET ADDRESS	~~4449 TERRY LOOP~~ 7214 Pinewood Dr.
CITY-ST-ZIP	~~NEW PORT RICHEY, FL 34652~~ New Port Richy FL 34652
TITLE	VP
NAME	MAY, EDNA
STREET ADDRESS	2655 NEBRASKA, APT. 361
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D
NAME	O'CONNOR, RITA M.
STREET ADDRESS	7301 JASMINE BLVD.
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Marie T. Dusten MARIE T. DUSTEN 7-10-2006 727-848-0203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #