


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90004 036 \*\*\*\*61.25

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # 745667</b><br>1. Entity Name<br><b>PASADENA PLAZA, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>6700 1ST AVE S<br/>ST PETERSBURG, FL 33707</b>   |  |   | Mailing Address<br><b>250 104 AVE<br/>TREASURE ISLAND, FL 33706 US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |  |  |  |
| City & State   |  | City & State  |  |  |  |
| Zip  | Country  | Zip   | Country  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>LAMONT, SUE<br/>LAMONT MANAGEMENT<br/>250 104 AVENUE<br/>TREASURE ISLAND, FL 33706</b>  |  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>WORKMAN, KAREN<br>6700 1ST AVE S, #212<br>ST PETERSBURG, FL 33707 <div style="text-align: right;"><input type="checkbox"/> Delete</div>     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>HEBERLING, JEANNINE<br>6700 1ST AVE S. #114<br>ST PETERSBURG, FL 33707 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>WHITE, RON<br>5030 40TH AVE. N.<br>SAINT PETERSBURG, FL 33709 <div style="text-align: right;"><input type="checkbox"/> Delete</div>          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> <i>Karen Workman</i> <b>Sec Treas.</b> <span style="float: right;">2-00-07 727-360-3444</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |  |  |  |