2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# F01000001317

Entity Name: PASCO COUNTY EDUCATION CORP.

Current Principal Place of Business:

DR. DR. "DOC" THAYER
2007 BRINSON ROAD, #4101F
LUTZ, FL 33558

New Principal Place of Business:

DR. DR. THAYER
2007 BRINSON ROAD, #4101F
LUTZ, FL 33558

Current Mailing Address:

DR. DR. "DOC" THAYER
2007 BRINSON ROAD, #4101F
LUTZ, FL 33558

New Mailing Address:

DR. DR. THAYER
2007 BRINSON ROAD, #4101F
LUTZ, FL 33558

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THAYER, DR. DR
PARADISE LAKES RESORT #4101F
2007 BRINSON ROAD
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: THAYER, DR
Address: 4705 LAND O LAKES BLVD., STE 9
City-St-Zip: LAND O LAKES, FL

Title: S ( ) Delete
Name: LUCAS, PATRICK
Address: 12230 LITTLE LAGOON CT.
City-St-Zip: LUTZ, FL

Title: D ( ) Delete
Name: DEPREEE, JACK
Address: 1520 LAND O LAKES BLVD STE A
City-St-Zip: LUTZ, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: THAYER, DR
Address: 2007 BRINSON RD #4101-F
City-St-Zip: LUTZ, FL 33558

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR DR THAYER PRES 01/08/2008

Electronic Signature of Signing Officer or Director — Date