2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# G76531

Entity Name: FIRST PASCO SERVICE CORPORATION

Current Principal Place of Business:

13924 7TH STREET
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

13924 7TH STREET
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 59-2374369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBERTS, KEVIN T
13924 7TH STREET
DADE CITY, FL 33525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, THOMAS E
Address: 11825 JUSTAMERE LANE
City-St-Zip: DADE CITY, FL 33525

Title: STD ( ) Delete
Name: SCHRADER, THOMAS
Address: 1042 N CURLEY ST
City-St-Zip: SAN ANTONIO, FL 33576

Title: D ( ) Delete
Name: ROBERTS, KEVIN T
Address: 13924 7TH ST
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete
Name: MCCLAIN, JOE A
Address: 37908 CHURCH AVE
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete
Name: SUMNER, ROBERT D
Address: 14150 - 6TH STREET
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: MCCLAIN, JOE A
Address: 12453 LAKE JOVITA BLVD
City-St-Zip: DADE CITY, FL 33525

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN T. ROBERTS D 02/05/2009

Electronic Signature of Signing Officer or Director — Date