

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H41919**

1. Entity Name  
**FLORIDA SUNCOAST PROPERTIES OF PASCO, INC.**



Principal Place of Business  
**18925 WELLWOOD CT  
HUDSON, FL 34667-6353 US**

Mailing Address  
**PO BOX 5130  
HUDSON, FL 34674-5130 US**



04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2501924**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRENCH, BEATRICE A.  
18925 WELLWOOD CT  
HUDSON, FL 34667**

**DO NOT WRITE  
IN THIS SPACE**

6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FRENCH, BEATRICE A.
STREET ADDRESS	18925 WELLWOOD CT
CITY-STATE-ZIP	HUDSON, FL 34667
TITLE	VST
NAME	FRENCH, JOHN H.
STREET ADDRESS	18925 WELLWOOD CT
CITY-STATE-ZIP	HUDSON, FL 34667
TITLE	D
NAME	FRENCH, JOHN H.
STREET ADDRESS	18925 WELLWOOD CT
CITY-STATE-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11000000291821  
04/07/05-80045-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:**

*Beatrice A. French*

**BEATRICE A. FRENCH**

**4-4-05**

Date

Daytime Phone #