

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM  
Secretary of State

DOCUMENT # H61249

1. Entity Name  
PACO PROPERTIES, INC.



Principal Place of Business  
8494 NAVARRE PKWY  
NAVARRE, FL 32566 US

Mailing Address  
8494 NAVARRE PKWY  
NAVARRE, FL 32566 US

DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2541107  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PULLUM, WILLIAM A.  
8494 NAVARRE PKWY  
NAVARRE, FL 32566

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

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PULLUM, WILLIAM A.
STREET ADDRESS	8494 NAVAREE PKWY
CITY-ST-ZIP	NAVARRE, FL
TITLE	DV
NAME	WATSON, WILLIAM N., JR
STREET ADDRESS	RAVENWOOD APTS. #1
CITY-ST-ZIP	PACE, FL
TITLE	DT
NAME	WATSON, WILLIAM N., M.D.
STREET ADDRESS	6244 PINE TERRACE CIRCLE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000510619  
04/29/06-80014-016 150.00

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

William A. Pullum, Pres. 4/10/06 850-939-2363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #