


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90006 018 ***150.00

DOCUMENT # H61249
 1. Entity Name
PACO PROPERTIES, INC.



Principal Place of Business Mailing Address
8494 NAVARRE PKWY **8494 NAVARRE PKWY**
NAVARRE, FL 32566 US **NAVARRE, FL 32566 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40031585



03012007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-2541107 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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<input type="checkbox"/> Delete
NAME	PULLUM, WILLIAM A.	
STREET ADDRESS	8494 NAVAREE PKWY	
CITY-ST-ZIP	NAVARRE, FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WATSON, WILLIAM N., JR	
STREET ADDRESS	RAVENWOOD APTS. #1	
CITY-ST-ZIP	PACE, FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WATSON, WILLIAM N., M.D.	
STREET ADDRESS	6244 PINE TERRACE CIRCLE	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE: William A. Pullum, Pres. 3/5/07 850-939-2363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #