


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2007 08:00 AM
Secretary of State

DOCUMENT # H70436 1. Entity Name PACIFIC WORLD PRODUCTS, INC.	
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Principal Place of Business 1202 PAWNEE TERRACE INDIAN HARBOUR BEACH, FL 32937	Mailing Address 1202 PAWNEE TERRACE INDIAN HARBOUR BEACH, FL 32937
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08012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2825560	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DEESE, THOMAS M CPA 307 EAST LINCOLN AVE MELBOURNE, FL 32901

**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 *Thomas M. Deese* *Aug 23 07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LONERGAN, JOHN P. 1202 PAWNEE TERRACE INDIAN HARBOR BEACH, FL 32937
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08/23/07-80002-012 550.00

**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 an address, with all other like empowered.

SIGNATURE: *John P. Lonergan* *1 Aug 07* *1-321-344-5036*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #