## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # J54122**

1. Entity Name D.H. PASCOE & CO., INC.



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

73 BAY WALK COURT DESTIN, FL 32550 Mailing Address

73 BAY WALK COURT DESTIN, FL 32550



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## DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0002392		<u> </u>	Applied For	
65-0002392			Not Applicable	
- 0	_	\$8.75	Additional	

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

6. Name and Address of Current Registered Agent

PASCOE, DAVID H. 73 BAY WALK COURT DESTIN, FL 32550

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or r	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	if applicable (NOTE Registered	l Agent signature	e required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	,
10.	OFFICERS AND DIREC	TORS	······		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PASCOE, DAVID, H 73 BAY WALK CT. DESTIN, FL 32550				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV PASCOE, JUNKO A 73 BAY WALK CT. DESTIN, FL 32550				U00000918868 05/13/08-80100-004 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			٠.	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. • • •	

12. Thereby 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID H PASCAE

4-22-08 (850)650-125

Daytime Phone #