


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L02957 1. Entity Name WEST PASCO PROPERTIES, INC.	
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Principal Place of Business C/O DAVID W. WILLIAMS PO BOX 2003 NEW PORT RICHEY, FL 34656-9003	Mailing Address C/O DAVID W. WILLIAMS PO BOX 2003 NEW PORT RICHEY, FL 34656-9003
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01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2968270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILLIAMS, DAVID W. 10339 KEY LANTERN DR. NEW PORT RICHEY, FL 34654

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, DAVID W. 8930 DECUBELLIS ROAD NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARKEY, JERROLD 310 HIGH STREET NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LITTLE, PETER A. 6828 LITTLE ROAD NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LITTLE, DESMOND GENE 6828 LITTLE ROAD NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/16/07-80051-003 150.00

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: DAVID W. WILLIAMS 1/12/07 727-243-2726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #