


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90071 035 \*\*\*150.00

<b>DOCUMENT # L59307</b> 1. Entity Name <b>COMMUNITY HOMES OF PASCO, INC.</b>			
Principal Place of Business <b>8832 WATERMAN CT. NEW PORT RICHEY FL 34654 US</b>		Mailing Address <b>8832 WATERMAN CT. NEW PORT RICHEY FL 34654 US</b>	
2. Principal Place of Business <b>8310 TANGLEWOOD DR.</b>		3. Mailing Address <b>8310 TANGLEWOOD DR</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>NEW PORT RICHEY, FL</b>		City & State <b>NEW PORT RICHEY, FL</b>	
Zip <b>34654</b>	Country <b>USA</b>	Zip <b>34654</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>NEZBETH, WILLIAM L SR 8832 WATERMAN CT. NEW PORT RICHEY FL 34654</b>		7. Name and Address of New Registered Agent Name <b>JAMES A. NEZBETH</b> Street Address (P.O. Box Number is Not Acceptable) <b>8310 TANGLEWOOD DR</b> City <b>NEW PORT RICHEY FL</b> Zip Code <b>34654</b>	
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 <i>James A. Nezbeth</i> <b>JAMES A. NEZBETH</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4-27-05</b>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>NEZBETH, WILLIAM SR 8832 WATERMAN CT. NEW PORT RICHEY FL 34654</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JAMES A. NEZBETH 8310 TANGLEWOOD DR NEW PORT RICHEY, FL 34654</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, without other like empowered.			
SIGNATURE: <i>James A. Nezbeth</i> <b>JAMES A. NEZBETH</b>		Date <b>4-27-05</b> Daytime Phone #	