

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90060 050 \*\*\*\*61.25

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # N01000000389</b><br>1. Entity Name<br><b>N.P.R.S.C., INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>7404 SAN MORITZ DR.<br/>PORT RICHEY, FL 34668</b>  |  |   | Mailing Address<br><b>PO BOX 178<br/>NEW PORT RICHEY, FL 34656-0178</b> |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |  |
| City & State   |  | City & State  |   |  |  |
| Zip  | Country  | Zip   | Country   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HALKER, HARRY R<br/>12021 EXORIA AVENUE<br/>NEW PORT RICHEY, FL 34654</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>BART, RONALD K.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5125 BONITO DR</b><br>City <b>NEW PORT RICHEY</b> <b>FL</b> Zip Code <b>34652</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.<br><br>SIGNATURE<br><small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| Make check payable to<br><b>Florida Department of State</b>  |  |   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>PATTERSON, JOSEPH B<br/>4839 SANDPOINTE DR<br/>NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <b>S.<br/>BART, RONALD K.<br/>5125 BONITO DR<br/>NEW PORT RICHEY FL 34652</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>LEE, ROBERT<br/>4822 BELLEMEDE DR.<br/>NEW PORT RICHEY, FL 34655</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <b>P<br/>ADKINS, DALLAS G.<br/>10616 LABURNUM<br/>PORT RICHEY FL 34668</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>MANUEL, LESTER<br/>4309 DUEY DR.<br/>NEW PORT RICHEY, FL 34652</b> <input checked="" type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <b>T<br/>ZEGARAC, ROBERT M.<br/>7807 WILLOW BROOK CT<br/>HUDSON FL 34667</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>JOCKERS, RAY<br/>5533 PILOTS PLACE<br/>NEW PORT RICHEY, FL 34652</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>CRANE, BILL<br/>7434 NOVA SCOTIA DR.<br/>PORT RICHEY, FL 34668</b> <input type="checkbox"/> Delete              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>HALKER, HARRY R<br/>12021 EXORIA AVENUE<br/>NEW PORT RICHEY, FL 34654</b> <input type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <b>D<br/>HALKER, HARRY R.<br/>12021 EXORIA AVE<br/>NEW PORT RICHEY FL 34654</b> <input checked="" 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered. |  |   |   |  |  |
| <b>SIGNATURE:</b> <b>RONALD K. BART, SECRETARY</b> 3-12-04 727-845-4190<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |   |  |  |