



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000008499 1. Entity Name HABITAT FOR HUMANITY OF CENTRAL PASCO COUNTY, INC.	
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Principal Place of Business POST OFFICE BOX 2107 LAND O' LAKES, FL 34639-2107	Mailing Address POST OFFICE BOX 2107 LAND O' LAKES, FL 34639-2107
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DO NOT WRITE IN THIS SPACE



02032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3755589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHELTON, MARK
1519 DALE MABRY HWY
STE 100
LUTZ, FL 33548**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	CHECK # 1008 # 61.25 2-7-08
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHELTON, MARK 1519 DALE MABRY HWY STE 100 LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAILIT, RANDY 22709 NEFF CT LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SHREWSBURY, FRANCIS L 21525 TRUMPETER DRIVE LAND O' LAKES, FL 346394449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000817904
02/15/08-80022-001 61.25

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 617, 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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2/3/08** Daytime Phone # **813-918-3027**