


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000008938

1. Entity Name
PASCO HERNANDO INSURANCE PROFESSIONALS, INC.



Principal Place of Business Mailing Address
9851 SR 54 **9851 SR 54**
NEW PORT RICHEY, FL 34655 **NEW PORT RICHEY, FL 34655**

DO NOT WRITE IN THIS SPACE



04022004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-3125817 Not Applicable

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

6. Name and Address of Current Registered Agent

MANSUR, JOSEPHINE P
13406 CATTAIL CT
HUDSON, FL 34667

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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: *Josephine P Mansur* DATE: *4/2/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000105746
 (14/07/04-81037-025 61.25)

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANSUR, JOSEPHINE P 13406 CATTAIL CT HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICO, LAURA 2512 HICKORY CT CLEARWATER, FL 34621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REEVES, JULIA R 4344 MCCLUNG DR NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 an officer like empowered.

SIGNATURE: *Josephine P Mansur* Date: *4/2/04* Daytime Phone #: *727-376-0630 x1306*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR