


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000008938

1. Entity Name
PASCO HERNANDO INSURANCE PROFESSIONALS, INC.



Principal Place of Business 9851 SR 54 NEW PORT RICHEY, FL 34655	Mailing Address 9851 SR 54 NEW PORT RICHEY, FL 34655
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01252006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3125817	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

MANSUR, JOSEPHINE P
13406 CATTAIL CT
HUDSON, FL 34667

**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 reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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 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 PERREAULT, BERNADETTE 11305 MARLEE CT TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/21/06-80025-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Josephine Mansur* 1-25-06 727-753-1028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____