


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 23, 2007 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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**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3125817	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANSUR, JOSEPHINE P  
 13406 CATTAIL CT  
 HUDSON, FL 34687

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

**Filing Fee is \$81.25**  
**Due by September 14, 2007**

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 HUDON, FL 34687
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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08/23/07-80003-003 70.00

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* Date: 7-20-07 Daytime Phone #: 727-83-1028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR