

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90034 017 \*\*\*\*61.25

DOCUMENT # N02000004687

1. Entity Name  
PASCO ELITE ALL STARS, INC.



Principal Place of Business  
8032 CHICKASAW LN  
PORT RICHEY, FL 34668

Mailing Address  
P.O. BOX 1765  
NEW PORT RICHEY, FL 34656

44003834



2. Principal Place of Business

10129 Briar Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004

Chg-NP

CR2E037 (10/03)

City & State

Hudson FL

City & State

FL

4. FEI Number

59-3698629

Applied For

Not Applicable

Zip

34667

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRITT, APRIL R  
8032 CHICKASAW LN  
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10129 Briar Circle

City

Hudson

FL

Zip Code

34667

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

*April R Britt*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-04

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BRITT, APRIL R  
STREET ADDRESS 8032 CHICKASAW LN  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE D ☐ Delete  
NAME COOK, KATHERINE M  
STREET ADDRESS 6831 MESA VERDE ST  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE D ☐ Delete  
NAME BECK, CRYSTAL  
STREET ADDRESS 10410 OAK HILL DR  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10129 Briar Circle  
CITY-ST-ZIP Hudson FL 34667

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*April R Britt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04

Date

727-849-9131

Daytime Phone #