

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90032 010 ****61.25

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02022005 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000007859 1. Entity Name PASCOWILDLIFE, INC.					
Principal Place of Business 25605 APPLE BLOSSOM LN WESLEY CHAPEL, FL 33544			Mailing Address 25605 APPLE BLOSSOM LN WESLEY CHAPEL, FL 33544		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 25605 Apple Blossom Ln Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0195024	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SENEY, JENNIFER L 25605 APPLE BLOSSOM LN WESLEY CHAPEL, FL 33544				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 restate) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENEY, JENNIFER L 25605 APPLE BLOSSOM WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRETCHEN, PEGGY 27521 ASCOTT ST WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDT, JANE A 21410 HOPSON RD LAND O'LAKES, FL 34639 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JESSE L 25605 APPLE BLOSSOM LN WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			2/2/05 (83) 907-0200 Date Daytime Phone #		