2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
01-12-2005 90005 041 ****61.25

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01032005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000004381

1. Entity Name
MISS PASCO COUNTY, INC.

Principal Place of Business	Mailing Address
36722 S.R. 52 DADE CITY, FL 33525	36722 S.R. 52 DADE CITY, FL 33525

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2269537 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONVERSE, CLARK 36722 S.R. 52 DADE CITY, FL 33525	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 _____ DATE
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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KEITH, AL 36722 S.R. 52 DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SIMPSON, WILTON 36722 S.R. 52 DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WEEKS, BOBBYE 36722 S.R. 52 DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DELONG, DONNA 36722 S.R. 52 DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ Wilton Simpson 1-7-05 353-567-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

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Form **SS-4** (Rev. December 2001) Department of the Treasury Internal Revenue Service	**Application for Employer Identification Number** (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-2283537 OMB No. 1545-0003

1* Legal name of entity (or individual) for whom the EIN is being requested
MISS PASCO COUNTY INCORPORATED

2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 38722 SR 52	5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code DADE CITY FL 33525 -	5b City, state, and ZIP code

6* County and state where principal business is located
County PASCO State FL

7a* Name of principal officer, general partner, grantor, owner, or trustor	7b* SSN, ITIN, EIN
CLARK CONVERSE	023-34-4694

8a* Type of entity (check only one)

- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☑ Corporation (enter form number to be filed) ▶ 1120
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption No. (GEN) ▶
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

8b* If a corporation, name the state or foreign country (if applicable) where incorporated	State FL	Foreign country

9* Reason for applying (check only one)

- ☐ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 12)
- ☐ Compliance with IRS withholding regulations
- ☑ Other (specify) ▶ NAME PROTECTION
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10* Date business started or acquired (month, day, year)	11* Closing month of accounting year
APR 29 2004	DEC

12 First date wages or annuities were paid or will be paid (month, day, year). *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next twelve months. Note: *If the applicant does not expect to have any employees during the period, enter "-0-"* ▶	Agriculture	Household	Other
	0	0	0

14* Check box that best describes the principal activity of your business

- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Wholesale-agent/broker
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Accommodation & food service
- ☐ Wholesale-other
- ☐ Retail
- ☑ Other (specify) BEAUTY PAGEANT

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
PRODUCTION SERVICE

16a* Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above
Legal name ▶
Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year)	City and state where filed	Previous EIN

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Designee's name TIM NEWLON CPA Address and ZIP code PO BOX 907 SAN ANTONIO FL 33576 - 0907	Designee's telephone number (include area code) (352) 588 - 3844 Designee's fax number (include area code) (352) 588 - 2978

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Name and title (type or print clearly)
▶ VIRGINIA MCKENDREE
Signature ▶ Not Required Date ▶ February 03, 2005 GMT

Applicant's telephone number (include area code)
(352) 567 - 8678
Applicant's fax number (include area code)
(352) 588 - 2978