2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000004381

1. Entity Name MISS PASCO COUNTY, INC.



FILED Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90268 048 ****61.25

						1	TEST					
Principal Place of Business 36722 S.R. 52 DADE CITY, FL 33525			Mailing Address 36722 S.R. 52 DADE CITY, FL 33525							500	05643	}
2. Principal Pt	ace of Busines	s	3. Mail	ing Address								
Suite, Apt.	#, etc.		Su	te, Apt. #, etc.				03212006 _{Ch}	ng-NP	CR2E03	37 (11/05)	
City & State			City & State				4. FEI Number			A	pplied For	
Zip	Zip Country		Zip Cox			untry		20-2269537 Not Applicable 5. Certificate of Status Desired See Required Not Applicable \$8.75 Additional Fee Required				
	# Name at		. Da sista su					7 Name and Add	of Nov. Da			XI .
	o. Name a	nd Address of Curren	t Kegistere	d Agent		Name		7. Name and Add	TESS OF NEW KE	gistered /	Agent	
CONVERSE, CLARK 55							ddress (i	ss (P.O. Box Number is Not Acceptable)				
DADE CIT	Y, FL 3352	5										
•		.•				City				FL	Zip Coo	ie .
	named entity s ions of register	submits this statement fed agent.	or the purp	ose of changing its	register	ed office or	register	ed agent, or both, in	the State of Flor	rida. I am	familiar with	, and accept
	J	٠,										
SIGNATURE _	Signature, typed or	printed name of registered ager	nt and title if app	icable. (NOTE	: Registere	ed Agent signatu	beriuper ex	when reinstating)	,	DATE	,	
₹.	Filing Fee is \$61.25 Due by May 1, 2006			Election Campaign Financing Trust Fund Contribution. []			\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					11.			ADDITIONS/CHANG	ES TO OFFICEF	S AND DI	RECTORS II	V 10
TITLE	Р			Delete Delete	TITU	E	ρ				Change	☐ Addition
NAME	KEITH, AL				NAM	Œ	SIM	ipson will	TO'N			
					CTO	EET ADORESS						
STREET ADDRESS	36722 S.R.									20		
CITY-ST-ZIP	DADE CITY	52 ′, FL 33525			CITY	'-ST-ZIP	DA	DE CUTY, F		35		
CITY-ST-ZIP	DADE CITY VP	7, FL 33525		₩ Delete	CITY	'-ST-ZIP E	DA:	DE CITY, F	L 335	35	Change €	Addition
CITY-ST-ZIP	VP SIMPSON,	Y, FL 33525 WILTON		⊠ Delete	CITY TITL NAM	'-ST-ZIP E	DA:	DE CITY, F LURA FJ	七 335 1.	35	Change Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DADE CITY VP SIMPSON, 36722 S.R. DADE CITY S WEEKS, BO	7, FL 33525 WILTON 52 7, FL 33525			CITY TITL NAW STRI	Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E	DAT VP COLI 367 DAT	DE CITY, F LURA, FJ AZ 5.R. 5 DE CITY, FL	1 3354 12 - 33545			
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of the corporation or the receiver or trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR