

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

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000004381

1. Entity Name
MISS PASCO COUNTY, INC.



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

Mailing Address
**36722 S.R. 52
DADE CITY, FL 33525**



03192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**CONVERSE, CLARK
36722 S.R. 52
DADE CITY, FL 33525**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 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
**P
SIMPSON, WILTON
36722 S.R. 52
DADE CITY, FL 33525**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
COLLURA, F.J
36722 S.R. 52
DADE CITY, FL 33525**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WARD, JIM A
36722 S.R. 52
DADE CITY, FL 33525**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DELONG, DONNA
36722 S.R. 52
DADE CITY, FL 33525**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000679207
04/03/07-80027-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

WILTON SIMPSON PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07
Date

352-567-6678
Daytime Phone #