

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N05651

1. Entity Name
**SOUTH PASCO COUNTY VOITURE 1576, 40/8,
INCORPORATED.**



Principal Place of Business
**PO BOX 113
NEW PORT RICHEY, FL 34656-113 US**

Mailing Address
**PO BOX 113
NEWPORT RICHEY, FL 34656-113 US**



02032004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERIG, JOHN
7820 SYCAMORE DR
NEW PORT RICHEY, FL 34654**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERIG, JOHN
STREET ADDRESS	7820 SYCAMORE DR
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	D
NAME	JORDAN, SCOTT G
STREET ADDRESS	8060 SYCAMORE DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	D
NAME	DOYLE, EARL
STREET ADDRESS	4660 MARINE PKWY T2 105
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	D
NAME	SCHMIDT, MICHAEL
STREET ADDRESS	5348 COTEE RIVER DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/04-80149-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/4 227-841-8033