

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05651

FILED  
Feb 07, 2006  
Secretary of State

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

**Current Principal Place of Business:**

PO BOX 113  
NEW PORT RICHEY, FL 34656113 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 113  
NEWPORT RICHEY, FL 34656113 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HERIG, JOHN  
Address: 7820 SYCAMORE DR  
City-St-Zip: NEW PORT RICHEY, FL

Title: D ( ) Delete  
Name: JORDAN, SCOTT G  
Address: 8060 SYCAMORE DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete  
Name: DOYLE, EARL  
Address: 4660 MARINE PKWY T2 105  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: SCHMIDT, MICHAEL  
Address: 5348 COTEE RIVER DR  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DOYLE, EARL  
Address: P6 A6 3661 KILLARNEY PLAZA DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HERIG

D

02/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date