

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2007 8:00 am
Secretary of State

08-22-2007 90022 019 ****61.25

DOCUMENT # N06000001748

1. Entity Name
PAGES OF HERNANDO, INC.



Principal Place of Business
**4147 DAISY DRIVE
HERNANDO BEACH, FL 34607**

Mailing Address
**4147 DAISY DRIVE
HERNANDO BEACH, FL 34607**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08072007

Chg-NP

CR2E037 (12/06)

4. FEI Number
87-0762365

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUSTAFSON, CINDY
4147 DAISY DRIVE
HERNANDO BEACH, FL 34607**

7. Name and Address of New Registered Agent

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

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 September 14, 2007**

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

| | | |
|----------------|--------------------------|--------------------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GUSTAFSON, CINDY | |
| STREET ADDRESS | 4147 DAISY DRIVE | |
| CITY-ST-ZIP | HERNANDO BEACH, FL 34607 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BAKER, SUSAN | |
| STREET ADDRESS | 7481 LANDMARK DRIVE | |
| CITY-ST-ZIP | SPRING HILL, FL 34606 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALLEY, CINDY | |
| STREET ADDRESS | 3479 EAGLE NEST DRIVE | |
| CITY-ST-ZIP | HERNANDO BEACH, FL 34607 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LINSTAD, MARY BETH | |
| STREET ADDRESS | 2089 DANFORTH ROAD | |
| CITY-ST-ZIP | SPRING HILL, FL 34608 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gustafson, Cindy | |
| STREET ADDRESS | 4147 Daisy Drive | |
| CITY-ST-ZIP | Hernando Beach, FL 34607 | |
| TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | McGee, Richard | |
| STREET ADDRESS | 12020 Palomar St. | |
| CITY-ST-ZIP | Spring Hill, FL 34609 | |
| TITLE | T/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bute, David | |
| STREET ADDRESS | 5115 Eclipse Court | |
| CITY-ST-ZIP | Spring Hill, FL 34607 | |
| TITLE | S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jones, Trisha | |
| STREET ADDRESS | 20484 Yontz Road | |
| CITY-ST-ZIP | Brooksville, FL 34601 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Washburn, Donna | |
| STREET ADDRESS | 23446 Tamber Road | |
| CITY-ST-ZIP | Brooksville, FL 34601 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | McGee, Teri | |
| STREET ADDRESS | 12020 Palomar Street | |
| CITY-ST-ZIP | Spring Hill, FL 34609 | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/07

Date

352-597-3825

Daytime Phone #