


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000010982 1. Entity Name PROJECTS OF PASCO, INC.						FILED 07 SEP 19 AM 10: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 34304 LODGE ROAD ZEPHYRHILLS, FL 33543				Mailing Address 34304 LODGE ROAD ZEPHYRHILLS, FL 33543			
2. Principal Place of Business - No P.O. Box # 34304 Lodge Dr				3. Mailing Address Same			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Wesley Chapel FL 33543				City & State Same			
Zip 33543		Country Pasco		Zip Same		Country Same	
4. FEI Number 56-2611135				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STEVENS, R. JAMES 35332 WHISPERING PINES DR ZEPHYRHILLS, FL 33541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$81.25 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FULK, ANNA D 34304 LODGE RD ZEPHYRHILLS, FL 33543			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800109882128 09/25/07--01019--021 ***61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HILTON, SUSE E 11215 PELICAN DR DADE CITY, FL 33525			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800109882128 09/25/07--01019--022 ***8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TORRES, MARISTZA PO BOX 2431 ZEPHYRHILLS, FL 33539			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BURTON, WARD A S 11211 RED BIRD DR DADE CITY, FL 33525			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Anna D Fulk</i>				9-14-07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>			
<small>Daytime Phone #</small>				813-598-2938			