

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001555

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** PASCO BUSINESS CONNECTIONS OF FLORIDA, INC.

**Current Principal Place of Business:**

3350 GRAND BLVD  
HOLIDAY, FL 34690

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1083  
ELFERS, FL 34680

**New Mailing Address:**

**FEI Number:** 26-4253581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, JUDITH A  
5006 TROUBLE CREEK ROAD  
128  
NEW PORT RICHEY, FL 34652 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:** P  
**Name:** KIRKPATRICK, RALPH  
**Address:** 5319 US HWY 19  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** T  
**Name:** WILLIAMS, JUDITH A  
**Address:** 5006 TROUBLE CREEK ROAD, SUITE 128  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** S  
**Name:** HOGG, DIANNE P  
**Address:** 186 OAK LAKE DRIVE  
**City-St-Zip:** SPRING HILL, FL 34608

I hereby 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 all other like empowered.

**SIGNATURE:** RALPH KIRKPATRICK

P

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date