

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # N13472

1. Entity Name
PASCO EXECUTIVE CENTER ASSOCIATION, INC.



Principal Place of Business
8431 CORPORATE WAY
SUITE 200
NEW PORT RICHEY, FL 34653

Mailing Address
8431 CORPORATE WAY
SUITE 200
NEW PORT RICHEY, FL 34653



02042005 No Chg-NP CR2E037 (10/03)

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4. FCI Number
59-2956054

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCOTT, MITCHELL A
8431 CORPORATE WAY
SUITE 200
NEW PORT RICHEY, FL 34653

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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, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PTSD
NAME
SCOTT, MITCHELL A
STREET ADDRESS
8431 CORPORATE WAY
CITY- ST- ZIP
NEW PORT RICHEY, FL 34653

TITLE
D
NAME
SCOTT, DURENE
STREET ADDRESS
8431 CORPORATE WAY
CITY- ST- ZIP
NEW PORT RICHEY, FL 34653

TITLE
D
NAME
SCHINDLER, LISA
STREET ADDRESS
8431 CORPORATE WAY
CITY- ST- ZIP
NEW PORT RICHEY, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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)(f), 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