## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N32524

1. Entity Name

WEST PASCO INDUSTRIAL PARK MERCHANTS ASSOCIATION, INC.



Principal Place of Business

% RICHARD W. BAKER 2535 SUCCESS DRIVE ODESSA, FL 33556

Mailing Address

% RICHARD W. BAKER 2535 SUCCESS DRIVE ODESSA, FL 33556

## **FILED** Feb 27, 2006 8:00 am Secretary of State

02-27-2006 90094 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

01232006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-2890872

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name	and Address o	f Current	Registered	Agent

BAKER, RICHARD W. 2535 SUCCESS DRIVE ODESSA, FL 33556

## DO NOT WRITE

			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	11-11-11-11-11-11-11-11-11-11-11-11-11-		· · · · · · · · · · · · · · · · · · ·				
	agration, typed or printed name or registered agent and title	II SPINICALNE. (NOTE: Registered Age	nt signaturi	required when reinstating)	DATE			
·	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financins     Trust Fund Contribution.	· 🗆	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD (*) WEATHERFORD, WILLIAM S 2535 SUCCESS DR. ODESSA, FL 33556							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THORP, BETTY 2535 SUCCESS DRIVE ODESSAY, FL 33556							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HADEN, SIMON 2535 SUCCESS DRIVE ODESSA, FL 33556			ĎO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. Thereby certify that the information supplied with this filling 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 in this report of supplemental report in this report of supplemental report in this re								

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: