


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N45395 1. Entity Name PASCO SAFETY TOWN, INC.	
--	---

Principal Place of Business 8700 CITIZENS DRIVE NEW PORT RICHEY, FL 34654	Mailing Address P.O. BOX 1285 NEW PORT RICHEY, FL 34656-1285
---	--



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 26-6041472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KIMBROUGH, ROBERT 8700 CITIZENS DRIVE NEW PORT RICHEY, FL 34654

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIMBROUGH, ROBERT 8700 CITIZENS DRIVE NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSH, RUSS 10532 DEVCO DRIVE PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COX, MICHAEL J 8138 PAPAYA ST. PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMPBELL, JAMES R 7935 RANCH ROAD PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

~~DEPOSIT ONLY 61.25~~
~~01/18/06-80006-005~~

U00000385176
01/18/06-80006-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Robert Kimbrough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06 *727-844-7258*
Date Daytime Phone #