

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90021 033 ****61.25

DOCUMENT # N45395

1. Entity Name

PASCO SAFETY TOWN, INC.



Principal Place of Business

15325 ALRIC POTTBERG ROAD
SPRING HILL FL 34610

Mailing Address

P.O. BOX 1285
NEW PORT RICHEY FL 34656-1285



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

26-6041472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIMBROUGH, ROBERT
8700 CITIZENS DRIVE
NEW PORT RICHEY FL 34654

Name

MOYER, BRIAN

Street Address (P.O. Box Number is Not Acceptable)

8700 CITIZEN DRIVE

City

NEW PORT RICHEY

FL

Zip Code

34654

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

Brian W. Moyer BRIAN W. MOYER, PRESIDENT

1-31-08

(Signature, typed or printed name of registered agent and fee, if applicable.)

(NOTE: Registered Agent signature is required when constituting)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KIMBROUGH, ROBERT	
STREET ADDRESS	8700 CITIZENS DRIVE	
CITY-STATE-ZIP	PORT RICHEY FL 34668	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POULIN, ED	
STREET ADDRESS	10410 TAMI TRAK	
CITY-STATE-ZIP	HUDSON FL 34669	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COX, MICHAEL J	
STREET ADDRESS	10531 PANICUM COURT	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAMPBELL, JAMES R	
STREET ADDRESS	7935 RANCH ROAD	
CITY-STATE-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYER, BRIAN	
STREET ADDRESS	8700 CITIZEN DRIVE	
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34654	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10410 TAMI TRAIL	
CITY-STATE-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10831 PANICUM COURT	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Brian W. Moyer BRIAN W. MOYER

1-31-08

727-844-7708