

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90014 008 \*\*\*\*70.00

**DOCUMENT # N94000000876**  
1. Entity Name  
**PASADENA CARD CLUB, INC.**



Principal Place of Business: **10 PARK ST N  
ST PETERSBURG FL 33710**  
Mailing Address: **10 PARK ST N  
ST PETERSBURG FL 33710**

**40006989**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number: **NO-T APPLICABLE**  
Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**HIATT, DONALD  
10 PARK ST N  
ST PETERSBURG FL 33710**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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 type="checkbox"/> Delete
NAME	HIATT, DONALD	
STREET ADDRESS	5000 GULF BLVD.	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PYLE, JOHN	
STREET ADDRESS	PO BOX 41362	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TUCKER, GILBERT	
STREET ADDRESS	8500 13TH ST., UNIT A	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUMMEL, SHANNON	
STREET ADDRESS	1847 SHORE DR. #816	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCLAIN, CATHERINE	
STREET ADDRESS	1614 24TH AVE. NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	MD	<input type="checkbox"/> Delete
NAME	BARTELS, BARBARA	
STREET ADDRESS	11522 60TH TERRACE N.	
CITY-ST-ZIP	SEMINOLE FL 33772	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, BERNARD	
STREET ADDRESS	5232 DELETT AVE. SO.	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Donald E Hiatt President 1-19-2005 381-5944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #