


2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000001586</b>	
1. Entity Name <b>PASCO BASEBALL, INC.</b>	

Principal Place of Business <b>16640 US 301 DADE CITY, FL 33523 US</b>	Mailing Address <b>16640 US 301 DADE CITY, FL 33523 US</b>
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03132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>EDWARDS, MATT 16640 US 301 DADE CITY, FL 33523</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, MATT 16640 US 301 DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, MIGNON 16640 301 DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILES, RICKY 39803 RILEY AVE ZEPHYRHILLS, FL 33540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000680243  
04/03/07-80070-020 61.25

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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:**  **DATE:** 3/15/07 **DAYTIME PHONE #:** 813 714 0297