

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N97000001586

1. Entity Name  
PASCO BASEBALL, INC.



Principal Place of Business  
16640 US 301  
DADE CITY, FL 33523 US

Mailing Address  
16640 US 301  
DADE CITY, FL 33523 US

**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**



07152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

EDWARDS, MATT  
16640 US 301  
DADE CITY, FL 33523

**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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	EDWARDS, MATT
STREET ADDRESS	16640 US 301
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	D
NAME	EDWARDS, MIGNON
STREET ADDRESS	16640 301
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	D
NAME	GILES, RICKY
STREET ADDRESS	39803 RILEY AVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540

U00000955405  
07/17/08-80004-012 70.00

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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 otherwise empowered.

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_