


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90020 027 ****70.00

| | | |
|--|--|---|
| DOCUMENT # N98000001139 | |  |
| 1. Entity Name LIFESKILLS OF PASCO, INC. | | |

| | |
|---|---|
| Principal Place of Business 4038 FAIRFORD DR NEW PORT RICHEY FL 34652 | Mailing Address 4038 FAIRFORD DR NEW PORT RICHEY FL 34652 |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-3495005 | Applied For <input type="checkbox"/> Not Applicable |
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|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|--|

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|--|
| 6. Name and Address of Current Registered Agent |
| IRELAND, ARTHUR 4038 FAIRFORD DR NEW PORT RICHEY FL 34652 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 Arthur Ireland
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|--|--|--|
| FILE NOW: FEE IS \$61.25 Due By September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | D IRELAND, BARBARA |
| STREET ADDRESS | 4038 FAIRFORD DR |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | S IRELAND, NICOLE |
| STREET ADDRESS | 4024 CRANBROOK PL |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | T IRELAND, ARTHUR |
| STREET ADDRESS | 4038 FAIRFORD DRIVE |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | T ROCKWOOD, JUDY |
| STREET ADDRESS | 4712 JACQUELINE DR |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | T CONSABRA, DEBBI |
| STREET ADDRESS | 4712 JACQUELINE DR |
| CITY-ST-ZIP | NEW PORT RICHEY FL 3465 -2 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Irland, Allen |
| STREET ADDRESS | 6150 Silver Drive |
| CITY-ST-ZIP | New Port Richey, FL 34653 |
| 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: Barbara Ireland **07/05/04** **727-844-0455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #