2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# N98000001139

Entity Name: LIFESKILLS OF PASCO, INC.

Current Principal Place of Business:

4038 FAIRFORD DR
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4038 FAIRFORD DR
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3495005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

IRELAND, ARTHUR
4038 FAIRFORD DR
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	IRELAND, BARBARA	
Address:	4038 FAIRFORD DR	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	S	( ) Delete
Name:	IRELAND, NICOLE	
Address:	4024 CRANBROOK PL	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	T	( ) Delete
Name:	IRELAND, ARTHUR	
Address:	4038 FAIRFORD DRIVE	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	T	( ) Delete
Name:	ROCKWOOD, JUDY	
Address:	4712 JACQUELINE DR	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	T	( ) Delete
Name:	CONSABRA, DEBBI	
Address:	4712 JACQUELINE DR	
City-St-Zip:	NEW PORT RICHEY, FL 3465 2	
Title:	V	( ) Delete
Name:	IRELAND, ALLEN	
Address:	6150 SILVER DRIVE	
City-St-Zip:	NEW PORT RICHEY, FL 34653	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA IRELAND D 05/05/2005

Electronic Signature of Signing Officer or Director — Date