



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

9/13

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-13-2004 90003 012 *****61.25

DOCUMENT # N99000004649 1. Entity Name PASCO BIG BOOK INC.					
Principal Place of Business 11529-C SR 52 HUDSON FL 34669				Mailing Address 11529-C SR 52 HUDSON FL 34669	
2. Principal Place of Business 7137 EDNA Suite, Apt. #, etc.		3. Mailing Address 7137 EDNA Suite, Apt. #, etc.			
City & State HUDSON FL		City & State HUDSON FL		4. FEI Number 59-3563489	
Zip 34667		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZUNT, GARY 7913 BUTLER AVE HUDSON FL 34667				7. Name and Address of New Registered Agent Name Michelle PERKINS Street Address (P.O. Box Number is Not Acceptable) 12805 WINDING WAY City HUDSON FL Zip Code 34667	
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 <u><i>Michelle Perkins</i></u> (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMONSTONE, CHARLES A 9520 BRUSH LANE HUDSON FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUNT, GARY 7913 BUTLER AVE HUDSON FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GARY ZUNT 12308 LONGHORN DR HUDSON FL 34667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, MICHELLE 12805 WINDING WAY HUDSON FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Michelle Perkins</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					