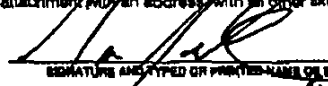


FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90088 048 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000032543			
1. Entity Name GRACELYN OF PASCO, INC.			
Principal Place of Business 1160 FERNWOOD DR HOLIDAY, FL 34680		Mailing Address 1160 FERNWOOD DR HOLIDAY, FL 34680	
2. Principal Place of Business 5715 BROADWAY AVE Suite, Apt. #, etc.		3. Mailing Address 5715 BROADWAY AVE Suite, Apt. #, etc.	
City & State NEW PORT RICHEY FL		City & State NEW PORT RICHEY FL	
Zip 34652	Country	Zip 34652	Country
4. FEI Number 59-3635732		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSTON, GREG 1160 FERNWOOD DR HOLIDAY, FL 34680		7. Name and Address of New Registered Agent Name JOHNSTON, GREG Street Address (P.O. Box Number is Not Acceptable) 5715 BROADWAY AVE City NEW PORT RICHEY FL Zip Code 34652	
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.		GREG. JOHNSTON (NOTE: Registered Agent signature is required when renouncing) 5/4/05 DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 507.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSTON, GREG 1160 FERNWOOD DR HOLIDAY, FL 34680 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSTON, GREG 5715 BROADWAY AVE NEW PORT RICHEY FL 34652 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other officers empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/4/05 Date Daytime Phone #	