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	Mailing Address
1160 FERNWOOD DR HOLIDAY, FL 34680	1160 FERNWOOD DR HOLIDAY, FL 34680

05022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5715 BROADWAY AVE	5715 BROADWAY AVE
Suite, Apt. #, etc.	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	7. Name and Address of New Registered Agent
JOHNSTON, GREG 1160 FERNWOOD DR HOLIDAY, FL 34680	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] GREG JOHNSTON 5/2/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. 607.193(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
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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)(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 607, 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: [signature] GREG JOHNSTON, PRES 5/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #