


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000117818 1. Entity Name PASCO FRAMING, INC.	
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Principal Place of Business 11250 US HWY 98 SOUTH DADE CITY, FL 33525	Mailing Address 11250 US HWY 98 SOUTH DADE CITY, FL 33525
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3686922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, DAVID J ESQ
14217 THIRD STREET
DADE CITY, FL 33523-3828

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, MYRON M 3731 TACK DRIVE ZEPHYRHILLS, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUADARRAMA, REFUGIO 37025 AVONDALE AVE. DADE CITY, FL 33523
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IN THIS SPACE**

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: *Myron M. Neal* *Myron M. Neal* 04/28/05 / 913/977-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #