

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90024 042 ***150.00

DOCUMENT # P01000004389

1. Entity Name

T & L PROPERTIES OF PASCO, INC.



Principal Place of Business

10225 Barnett Loop
Port Richey, FL 34668

Mailing Address

10225 Barnett Loop
Port Richey, FL 34668

2. Principal Place of Business - No P.O. Box #

10225 BARNETT LOOP

Suite, Apt. #, etc.

3. Mailing Address

10225 BARNETT LOOP

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

Zip

34668

Country

US

City & State

PORT RICHEY, FL

Zip

34668

Country

US

4. FEI Number 59-3688957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

40021303



6. Name and Address of Current Registered Agent

DESOUSA, MANUEL A
4208 LITTLE RD.
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name DESOUSA, MANUEL A

Street Address (P.O. Box Number is Not Acceptable)

10225 BARNETT LOOP

City PORT RICHEY

FL

Zip Code 34668

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

MANUEL A. DESOUSA (PRESIDENT)

2-11-07

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST DESOUSA, MANUEL A 4208 LITTLE RD. 10225 BARNETT LOOP NEW PORT RICHEY FL 34653 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 119, 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:

MANUEL A. DESOUSA (PRESIDENT)

2-11-07

727-869-1502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #