

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000004389

1. Entity Name
T & L PROPERTIES OF PASCO, INC.



**FILED
Jan 16, 2008 8:00 am
Secretary of State**

01-16-2008 90050 017 ***150.00

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 #

11228 Biddeford Place

Suite, Apt. #, etc.

3. Mailing Address

11228 Biddeford Place

Suite, Apt. #, etc.

City & State

New Port Richey FL

City & State

New Port Richey FL

Zip

34654

Country

USA

Zip

34654

Country

USA

6. Name and Address of Current Registered Agent

DESOUSA, MANUEL A
10225 BARNETT LOOP
PORT RICHEY, FL 34668

Name

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

11228 Biddeford Place

City

New Port Richey

FL

Zip Code
34654

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESOUSA, MANUEL A		NAME	
STREET ADDRESS	10225 BARNETT LOOP		STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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. DE SOYSAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-08 727-856-9142
Date Daytime Phone #