

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00**  
**Secretary of State**

DOCUMENT # P01000047645  
 1. Entity Name  
 A PLACE FOR WOMEN IN PASCO COUNTY, INC.



Principal Place of Business      Mailing Address  
 % SHIELA BAHN, MD                      % SHIELA BAHN, MD  
 38030 DAUGHTERY RD.                  38030 DAUGHTERY RD.  
 ZEPHYRHILLS, FL 33540              ZEPHYRHILLS, FL 33540



04252006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number                      Applied For  
 59-3727619                      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BAHN, SHIELA  
 38030 DAUGHTERY RD.  
 A PLACE FOR WOMEN IN PASCO COUNTY  
 ZEPHYRHILLS, FL 33540

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	P BAHN, SHIELA A MD 38030 DAUGHTERY RD. ZEPHYRHILLS, FL 33540
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 05/12/06-80041-024 150.00

**DO NOT WRITE IN THIS SPACE**

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: Shiela A Bahn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-26-06  
Date

X 813-780-711  
Daytime Phone #