

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P02000116970**

1. Entity Name  
**F J S OF PASCO, INC.**



**FILED  
Apr 14, 2008 8:00 am  
Secretary of State**

04-14-2008 90035 014 \*\*\*150.00

Principal Place of Business  
**15102 BLUEFISH ST  
HUDSON, FL 34667**

Mailing Address

**15102 BLUEFISH ST  
HUDSON, FL 34667**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04042008      Chg-P      CR2E034 (12/06)

Zip

Country

Zip

Country

4. FEI Number  
**75-3088093**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SERINI, FRANK G  
15102 BLUEFISH ST  
HUDSON, FL 34667**

Name

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

City

**FL**      Zip Code

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**

TITLE      **D**       Delete  
NAME      **SERINI, FRANK G**  
STREET ADDRESS      **15102 BLUEFISH ST**  
CITY-ST-ZIP      **HUDSON, FL 34667**

TITLE      **D**       Delete  
NAME      **SERINI, JOY**  
STREET ADDRESS      **15102 BLUEFISH ST**  
CITY-ST-ZIP      **HUDSON, FL 34667**

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE      **S**       Change       Addition  
NAME      **Angela Serini**  
STREET ADDRESS      **7524 Hatteras DRIVE**  
CITY-ST-ZIP      **HUDSON, FLORIDA 34667**

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-08 (727)808-2617**

Date

Daytime Phone #