2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 27, 2004 8:00 am Secretary of State **DOCUMENT # P03000037687** 04-12-2004 90676 045 ***150.00 1. Entity Name PASCO PROPERTIES, INC. Principal Place of Business Mailing Address 11661400 2701: W BUSH BLVD STE 113 TAMPA FL 33618 2701 W BUSH BLVD STE 113 TAMPA FL 33618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number 42-158-29 11 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BORREGO, HENRY W Street Address (P.O. Box Number is Not Acceptable) 2701 W BUSH BLVD STE 113 TAMPA FL 33618 4 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. (NOTE: Registered Agent aignature required when rainstating FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 мау Ве Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition BORREGO, HENRY W NAME NAME 2701 W BUSH BLVD STE 113 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33618** CITY-ST-ZIP ELS.DEN. Addition TITLE TIFI F Change ☐ Delete way W. BORCEGO MAKE NAME 701 W. Busch DWL Ste # 113 STREET ADDRESS STREET ADORESS mpa Fra. 33618 CITY-ST-ZIP CITY-ST-ZIP VICE PEGS. DENT TITLE ☐ Delete TITLE Change Addition Thumas J. CANNON 280 SHE NAME MME #/02 STREET ADDRESS STREET ADDRESS TAMPA FLA 33418 CITY-ST-ZIP CITY-ST-ZIP SECRE TALY. DAVIOS MEDICH 11318 CALRONWOOD DL. TITLE ☐ Delete TITLE ☐ Change **☑** Addition NAME NAME STREET ADDRESS STREET ADDRESS TAMIA FZA 33618 CITY-ST-78 CHY-ST-7P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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