

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90014 002 ***550.00

DOCUMENT # P03000073702					
1. Entity Name PASLEY INC.					
Principal Place of Business 14535 BRUCE B DOWNS BLVD UNIT 2331 TAMPA FL 33613			Mailing Address 14535 BRUCE B DOWNS BLVD UNIT 2331 TAMPA FL 33613		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 14-1891920	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PASLEY, LAURA M 14535 BRUCE B DOWNS BLVD UNIT 2331 TAMPA FL 33613			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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐ 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 NAME STREET ADDRESS CITY - ST - ZIP	DP PASLEY, LAURA M 14535 BRUCE B DOWNS BLVD UNIT 2331 TAMPA FL 33613	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILSON, TARA A 8408 CERRO CIRCLE APT 244 TAMPA FL 33617	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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 <i>Jacinto Pasley, President</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			8/19/06 (913) 505-4624 (913) 972-5026		

ATTACHMENT

9/5/06

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To whom it may concern:

When I receive this form in the mail, I fill it out. Then I send it back ASAP. You Failed to send my corporation this form in a timely manner. There is no reason for this. The address is the same.

Laurie Pasley / Pasley Inc.

(813) 505-4624