

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000075542**

1. Entity Name  
**PASS SERVICES INC.**



Principal Place of Business  
**4464 GALLAGHER ROAD  
DOVER, FL 33527**

Mailing Address  
**4464 GALLAGHER ROAD  
DOVER, FL 33527**

**DO NOT WRITE IN THIS SPACE**



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0079589**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**PASS, DONALD N JR.  
4464 GALLAGHER ROAD  
DOVER, FL 33527**

**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 \_\_\_\_\_

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PASS, DONALD N JR.
STREET ADDRESS	4464 GALLAGHER ROAD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	V
NAME	PASS, ROBIN D
STREET ADDRESS	4464 GALLAGHER ROAD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000370502  
07/05/05-80020-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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, with an other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/31/05**

Date

**813-508-0649**

Daytime Phone #