2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90199 031 ***150.00

DOCUMENT # P03000111704

1. Entity Name
COVENANT ASSOCIATES OF PASCO, INC.

40055359

Principal Place of Business	Mailing Address
~~8202 KRISTEL CIRCLE~~ 8614 OreTo Dr.	~~8202 KRISTEL CIRCLE~~ 8614 OreTo Dr.
PORT RICHEY, FL 34668	PORT RICHEY, FL 34668

03212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
8614 OreTo Dr.	8614 OreTo Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Richey, FL.	City & State: Port Richey, FL.
Zip 34668 Country	Zip 34668 Country

4. FEI Number: 20-0298345 ☐ Applied For ☐ Not Applicable

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
MENZE, ANALYN E 9516 GLEN MOOR LANE PORT RICHEY, FL 34668	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] / ANALYN E. MENZE / PRESIDENT 3-28-06
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, 2006 Fee will be $550.00

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 10		
TITLE	~~MRO~~ President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MENZE, ANALYN E		NAME		
STREET ADDRESS	9516 GLEN MOOR LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] / ANALYN E. MENZE / PRESIDENT / 3-28-06 727-841-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #