

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90153 016 ***150.00

DOCUMENT # P03000144235

1. Entity Name
WEST PASCO IRRIGATION, INC.



Principal Place of Business
**8519 WINTER HAVEN DRIVE
HUDSON, FL 34667-4147**

Mailing Address
**8519 WINTER HAVEN DRIVE
HUDSON, FL 34667-4147**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



02242005 Chg-P CR2E034 (10/03)

4. FEI Number
30-4620962

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HALE, FRED H
5650 PARK BLVD.
STE 1
PINELLAS PARK, FL 33781-3354

7. Name and Address of New Registered Agent

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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	<input type="checkbox"/> Delete
NAME	LEEVEER, JAMES A	
STREET ADDRESS	8519 WINTER HAVEN DRIVE	
CITY-ST-ZIP	HUDSON, FL 346674147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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, with all other like empowered.

SIGNATURE: *James A. Leeveer*

Date **3-07-05** Daytime Phone # **727-842-4106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

P03000144235
5002418.5

Fla. Dept of State
Division of Corporations
Corporate Records

Feb 14, 2005

To Whom it May Concern:

Please be advised that as of this date we have not received a card to pay our \$150⁰⁰ annual fee for January.

I am enclosing a check for \$150⁰⁰.
Please put us on mailing list for next year.

Thank you.

Sincerely,
Janice Leeves; Owner
West Lakes Congregation
9735 Lamantia Dr
Port Richey, FL 34668-3632

FEI #
20-047-0680