

ANNUAL REPORT

DOCUMENT # P04000000845

1. Entity Name
PASCO HOME VESTORS INCORPORATED



Principal Place of Business
23102 CLEARWATER PLACE
LAND O' LAKES, FL 34639 US

Mailing Address
23102 CLEARWATER PLACE
LAND O' LAKES, FL 34639 US

DO NOT WRITE IN THIS SPACE

FILED
Apr 22, 2005 08:00 AM
Secretary of State



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
06-1715105

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARBER, TIMOTHY A
23102 CLEARWATER PLACE
LAND O' LAKES, FL 34639

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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
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 P
NAME BARBER, TIMOTHY A
STREET ADDRESS 23102 CLEARWATER PLACE
CITY-ST-ZIP LAND O' LAKES, FL 34639

TITLE VP
NAME SOULE, JUDY
STREET ADDRESS 19105 GUNN HWY
CITY-ST-ZIP ODESSA, FL 33556

TITLE SEC
NAME BARBER, SANDRA K
STREET ADDRESS 23102 CLEARWATER PLACE
CITY-ST-ZIP LAND O' LAKES, FL 34639

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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: Sandra K. Barber SANDRA K. BARBER 4/20/05 8139950363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (SEC.) Date Daytime Phone #