


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000000845 1. Entity Name PASCO HOME VESTORS INCORPORATED	
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Principal Place of Business 23102 CLEARWATER PLACE LAND O' LAKES, FL 34639 US	Mailing Address 23102 CLEARWATER PLACE LAND O' LAKES, FL 34639 US
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03042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1715105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

**1100000462106
03/21/06-80025-008 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARBER, TIMOTHY A 23102 CLEARWATER PLACE LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SOULE, JUDY 18105 GUNN HWY ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC BARBER, SANDRA K 23102 CLEARWATER PLACE LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Sandra K. Barber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/06

Date

Daytime Phone #