

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2005 8:00 am
Secretary of State

04-20-2005 90293 016 ***150.00

| | | | | | | |
|---|--|---------|---|--|-------------|--|
| DOCUMENT # P04000031860 | | | | | | |
| 1. Entity Name PASCO DEVELOPMENT GROUP, INC. | | | | | | |
| Principal Place of Business 12636 TRADITION DRIVE DADE CITY FL 33525 | | | Mailing Address 12636 TRADITION DRIVE DADE CITY FL 33525 | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | |
| City & State | | | City & State | | | |
| Zip | | Country | | Zip | | |
| Country | | Country | | 1st MOORE CR2E034 (10/04) | | |
| 4. FEI Number 61-1466678 | | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent KELLY, JAMES E 12636 TRADITION DRIVE DADE CITY FL 33525 | | | 7. Name and Address of New Registered Agent | | | |
| Name | | | Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| City | | | 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 reappointing) | | | | | | |
| DATE _____ | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 65%;"> 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div> | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE D | NAME COOK, JOHN | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS 12636 TRADITION DRIVE | CITY - ST - ZIP DADE CITY FL 33525 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | NAME | |
| TITLE D | NAME KELLY, JAMES E | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS 12636 TRADITION DRIVE | CITY - ST - ZIP DADE CITY FL 33525 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | NAME | |
| TITLE D | NAME COOK, JOANN | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS 12636 TRADITION DRIVE | CITY - ST - ZIP DADE CITY FL 33525 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | NAME | |
| TITLE D | NAME KELLY, THERESA S | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS 12636 TRADITION DRIVE | CITY - ST - ZIP DADE CITY FL 33525 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | NAME | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS | CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | NAME | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS | CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | NAME | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <i>Norona P. Kelly</i> | | | | 4/7/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | | |