

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90226 020 ***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 P.O. Box 2283
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Dade City FLA	4. FEI Number 61-1466678	Applied For <input type="checkbox"/> Not Applicable
Zip 33526	Country USA	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 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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 11	
TITLE D <input type="checkbox"/> Delete	NAME COOK, JOHN STREET ADDRESS 12636 TRADITION DRIVE CITY-ST-ZIP DADE CITY FL 33525	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	NAME KELLY, JAMES E STREET ADDRESS 12636 TRADITION DRIVE CITY-ST-ZIP DADE CITY FL 33525	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	NAME COOK, JOANN STREET ADDRESS 12636 TRADITION DRIVE CITY-ST-ZIP DADE CITY FL 33525	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	NAME KELLY, THERESA S STREET ADDRESS 12636 TRADITION DRIVE CITY-ST-ZIP DADE CITY FL 33525	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James E. Kelly* James E. Kelly 4-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #