## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2008 08:00 AM DOCUMENT # P04000041333 Secretary of State FITZGERALD'S OF PASCO, INC. Principal Place of Business Mailing Address 7032 GRAND BOULEVARD 7032 GRAND BOULEVARD **NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652** 01092008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0832696 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent KUNTZ, DANIEL DO NOT WRITE 7032 GRAND BOULEVARD NEW PORT RICHEY, FL. 34652 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. Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000790060 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 01/23/08-80018-019 150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE P.D KUNTZ, DANIEL NAME STREET ADDRESS 7032 GRAND BOULEVARD CITY-ST-ZIP NEW PORT RICHEY, FL. 34652 TITLE BARNETT, SHERRY NAME STREET ADDRESS 7032 GRAND BOULEVARD CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental seport 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 a prodress with a following the empowered.

SIGNATURE:

NAME STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/08 727 -

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