

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90220 025 ***150.00

DOCUMENT # P05000008548 1. Entity Name PASCO-HERNANDO TITLE COMPANY					
Principal Place of Business 10730 US HWY 19 SUITE 8 PORT RICHEY, FL 34668 US			Mailing Address 10730 US HWY 19 SUITE 8 PORT RICHEY, FL 34668 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> 01092007 Chg-P CR2E034 (12/06) </div>					
4. FEI Number NOT APPLICABLE				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 MACDONALD, KAREN 3569 ROLANDO DRIVE PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name <u>Karen MacDonald</u> Street Address (P.O. Box Number is Not Acceptable) <u>10730 US Hwy 19- Suite 8</u> City <u>PORT RICHEY</u> <u>FL</u> Zip Code <u>34668</u>		
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 <u>Karen MacDonald</u> <u>Karen MacDonald</u> <u>1-9-07</u> <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACDONALD, KAREN 10730 US HWY 19, SUITE 8 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Karen MacDonald</u> <u>Karen MacDonald</u> <u>1-9-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					