


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90027 015 \*\*\*150.00

<b>DOCUMENT # P05000048080</b> 1. Entity Name <b>PACE ADMINISTRATIVE SERVICES, INC.</b>					
Principal Place of Business <b>3355 DORETHEA ROAD JACKSONVILLE, FL 32216</b>			Mailing Address <b>3355 DORETHEA ROAD JACKSONVILLE, FL 32216</b>		
2. Principal Place of Business <b>5637 Luella St</b> Suite, Apt. #, etc.		3. Mailing Address <b>5637 Luella St</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL</b> Zip <b>32207</b>		City & State <b>Jacksonville, FL</b> Zip <b>32207</b>		4. FEI Number <b>52-2455154</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PACE, DEBRA 3355 DORETHEA ROAD JACKSONVILLE, FL 32216</b>			7. Name and Address of New Registered Agent Name <b>Pace, Debra</b> Street Address (P.O. Box Number is Not Acceptable) <b>5637 Luella St</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32207</b>		
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><i>Debra Pace</i></u> DATE <u><i>2-7-06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D <b>PACE, DEBRA</b> <b>3355 DORETHEA ROAD</b> <b>JACKSONVILLE, FL 32216</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Debra Pace</b> <b>5637 Luella Street</b> <b>Jacksonville, FL 32207</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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><i>Debra Pace</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>2-7-06</i></u> Daytime Phone # <u><i>904-635-4653</i></u>		