

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000120038

1. Entity Name
SST OF PASCO, INC.



Principal Place of Business
**21310 U.S. HIGHWAY 98
DADE CITY, FL 33523**

Mailing Address
**POST OFFICE BOX 721
TRILBY, FL 33593**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3378673

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEWLON, JONATHAN W
12146 CURLEY ROAD
SAN ANTONIO, FL 33576**

**DO NOT WRITE
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 agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SIMPSON, WILTON E
STREET ADDRESS 21310 U.S. HIGHWAY 98 NORTH
CITY-ST-ZIP DADE CITY, FL 33525

TITLE VD
NAME STALNAKER, JAMES S
STREET ADDRESS 36011 LODGEPOLE PINE DRIVE
CITY-ST-ZIP DADE CITY, FL 33525

TITLE TSD
NAME TABB, JAMES K JR.
STREET ADDRESS 34550 MISSION BELL LANE
CITY-ST-ZIP DADE CITY, FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000581043
01/10/07-80071-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- SEC. JAMES K. TABB, JR

Date

Daytime Phone #

1/7/07 (352) 567-2317