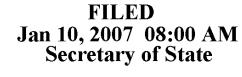
2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT 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		Applied For
20-3378673		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

		1				
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						
		Election Campaign Financing Trust Fund Contribution.	\$5.00 May B Added to Fees	6		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON, WILTON E 21310 U.S. HIGHWAY 98 NORTH DADE CITY, FL 33525					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STALNAKER, JAMES S 36011 LODGEPOLE PINE DRIVE DADE CITY, FL 33525			U00000581043 01/10/07-80071-017 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD TABB, JAMES K JR. 34550 MISSION BELL LANE DADE CITY, FL 33525		D	O NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	I THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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						

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 socurate 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 distance 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: JAMES K. TABB JR 1/7/07(352)567-2317