## 2006 FOR PROFIT CORPORATION

## May 08, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000125288** 05-08-2006 90304 032 \*\*\*150.00 1. Entity Name PASCO POWER OUTDOOR EQUIPMENT CO., INC. Mailing Address Principal Place of Business 1435 OBEAR CT 1435 OBEAR CT WESLEY CHAPEL, FL 33543 WESLEY CHAPEL, FL 33543 2. Principal Place of Business 3. Mailing Address 8607 GAIIBINO 8607 GAII Bluo Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01112006 Chg-P Applied For 5353/ Not Applicable Country Pas (V) Country \$8.75 Additional 5. Certificate of Status Desired Pas (d 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CATTERTON, HERBERT G Street Address (P.O. Box Number is Not Acceptable) 1435 OBEAR CT WESLEY CHAPEL, FL 33543 City Zip Code 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWII! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Change TITLE n Delete CATTERTON, HERBERT G NAME NAME STREET ADDRESS STREET ADDRESS 1435 OBEAR CT CITY-ST-7IP CITY-ST-ZIP WESLEY CHAPEL, FL 33543 ☐ Change ☐ Addition TITLE ☐ Delete TITLE CATTERTON, DEBORAH D NAME NAME STREET ADDRESS STREET ADDRESS 1435 OBEAR CT CITY-ST-ZIP WESLEY CHAPEL, FL 33543 CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TOTALE NAME NAME STREET ADDRESS 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 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.

FILED