


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90093 031 ***150.00

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| DOCUMENT # P05000167839 |  |
| 1. Entity Name EAST PASCO REALTY, INC. | |

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| Principal Place of Business 37927 LIVE OAK AVE. DADE CITY, FL 33523 | Mailing Address 37927 LIVE OAK AVE. DADE CITY, FL 33523 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 11825 MUNBURY DR | 3. Mailing Address 11825 MUNBURY DR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------------------|-------------------------------------|
| City & State DADE CITY FL | City & State DADE CITY FL |
| Zip 33525 | Zip 33525 |
| Country RISA | Country USA |



01042007 Chg-P CR2E034 (12/06)

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent SMITH, W. EUGENE 37927 LIVE OAK AVE. DADE CITY, FL 33523 | | 7. Name and Address of New Registered Agent Name W EUGENE SMITH Street Address (P.O. Box Number is Not Acceptable) 11825 MUNBURY DR City DADE CITY FL Zip Code 33525 | |
|--|--|---|--|

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 **W EUGENE SMITH PRES** *W Eugene Smith* 1-25-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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|---|---|
| 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 D | <input type="checkbox"/> Delete | TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SMITH, W. EUGENE | | NAME SMITH, W. EUGENE | |
| STREET ADDRESS 13951 7TH STREET | | STREET ADDRESS 11825 MUNBURY DR | |
| CITY-ST-ZIP DADE CITY, FL 33525 | | CITY-ST-ZIP DADE CITY FL 33525 | |
| TITLE TSP | <input type="checkbox"/> Delete | TITLE TSA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SMITH, EUGENE W | | NAME SMITH, W. EUGENE | |
| STREET ADDRESS 13951 7TH ST | | STREET ADDRESS 11825 MUNBURY DR | |
| CITY-ST-ZIP DADE CITY, FL 33525 | | CITY-ST-ZIP DADE CITY FL 33525 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: *W Eugene Smith* **W EUGENE SMITH** 1-04-07 352-567-7789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #