

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90032 008 ***150.00

DOCUMENT # P95000070845	
1. Entity Name PASCO INFORMATION SERVICES, INC.	

Principal Place of Business 9378 ARLINGTON EXWY SUITE 169 JACKSONVILLE, FL 32225 US	Mailing Address 9378 ARLINGTON EXWY SUITE 169 JACKSONVILLE, FL 32225 US
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40011644



2. Principal Place of Business 322 E. CENTRAL BLVD Suite, Apt. #, etc. #1804 City & State ORLANDO, FL Zip 32801 Country USA	3. Mailing Address 322 E. CENTRAL BLVD Suite, Apt. #, etc. #1804 City & State ORLANDO, FL Zip 32801 Country USA
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01312005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3334530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PASCO, THOMAS J. 112 PONTE VERDA COLONY CIRLCE PONTE VEDRA BEACH, FL 32082	7. Name and Address of New Registered Agent Name PASCO, THOMAS J. Street Address (P.O. Box Number is Not Acceptable) 322 E. CENTRAL BLVD. APT. 1804 City ORLANDO FL Zip Code 32801
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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 *Thomas J. Pasco* **THOMAS J. PASCO, PRESIDENT** DATE **1/31/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PASCO, THOMAS J 9378 ARLINTON EXPRESSWAY, SUITE 169 JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D P PASCO, THOMAS J. 322 E. CENTRAL BLVD. APT. 1804 ORLANDO, FL 32801 <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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas J. Pasco* **THOMAS J. PASCO, PRES.** DATE **01/31/05** DAYTIME PHONE **407-492-2855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #