

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90024 006 \*\*\*150.00

**DOCUMENT # P96000041569**

1. Entity Name  
**INSURANCE SERVICES OF PASCO COUNTY, INC.**



Principal Place of Business  
**5833 US HWY 19  
NEW PORT RICHEY, FL 34652**

Mailing Address  
**5833 US HWY 19  
NEW PORT RICHEY, FL 34652**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #; etc.

Suite, Apt. #; etc.

City & State

City & State

Zip

Country

Zip

Country

03132008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**59-3378184**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FRICK, MARIE  
10406 COPPERWOOD DR  
NEW PORT RICHEY, FL 34654**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **FRICK, MARIE**  
STREET ADDRESS **10403 COPPERWOOD DR**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **D** ☐ Delete  
NAME **CIRONE, CARMINE**  
STREET ADDRESS **5233 US HWY 19 STE #2**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5833 U.S. HWY 19 STE # 7**  
CITY-ST-ZIP **N.P.R. FL 34652**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5833 U.S. HWY 19, STE # 7**  
CITY-ST-ZIP **N.P.R. FL 34652**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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

Date

Daytime Phone #

**3/14/08**