


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90040 020 \*\*\*150.00

<b>DOCUMENT # P96000095263</b>	
1. Entity Name <b>PACE GREENTREE ENTERPRISES, INC.</b>	

Principal Place of Business <b>300 OLD OAK CIR PALM HARBOR FL 34683</b>	Mailing Address <b>300 OLD OAK CIR PALM HARBOR FL 34683</b>
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2. Principal Place of Business <b>3588 WOMBLEY WAY</b>	3. Mailing Address <b>3588 WOMBLEY WAY</b>
Suite, Apt. # etc. <b># 104</b>	Suite, Apt. #, etc. <b># 104</b>

City & State <b>PALM HARBOR, FL</b>	City & State <b>PALM HARBOR, FL</b>
Zip <b>34685</b>	Country
Zip <b>34685</b>	Country



MOORE CR2E034 (11/03)

4. FEI Number <b>59-3539729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HASIUK, JERRY 300 OLD OAK CIR PALM HARBOR FL 34683</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3588 WOMBLEY WAY # 104</b> City <b>PALM HARBOR</b> FL Zip Code <b>34685</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE <b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HASIUK, JERRY</b>		NAME <b>HASIUK JERRY</b>	
STREET ADDRESS <b>300 OLD OAK CIRCLE</b>		STREET ADDRESS <b>3588 WOMBLEY WAY # 104</b>	
CITY-ST-ZIP <b>PALM HARBOR FL 34683</b>		CITY-ST-ZIP <b>PALM HARBOR, FL 34685</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SIBLEY, LARRY</b>		NAME	
STREET ADDRESS <b>1436 SEAGULL DR. #207</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PALM HARBOR FL 34685</b>		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	
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 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.

**JERRY HASIUK**

**SIGNATURE:** \_\_\_\_\_ **2-19-04** **(727) 403-1630**

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