

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90178 020 \*\*\*150.00

**DOCUMENT # P96000095263**

1. Entity Name

**PACE GREENTREE ENTERPRISES, INC.**



Principal Place of Business

**3588 WEMBLEY WAY  
# 104  
PALM HARBOR FL 34685**

Mailing Address

**3588 WEMBLEY WAY  
# 104  
PALM HARBOR FL 34685**



2. Principal Place of Business

**455 STARFIRE CAUSEWAY**  
Suite, Apt. #, etc.

3. Mailing Address

**455 STARFIRE CAUSEWAY**  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

**OLDSMAR, FL**

City & State

**OLDSMAR, FL**

4. FEI Number

**59-3539729**

Applied For

Not Applicable

Zip

**34677**

Country

Zip

**34677**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HASIUK, JERRY  
3588 WEMBLEY WAY  
# 104  
PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent

Name

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

**455 STARFIRE CAUSEWAY**

City

**OLDSMAR**

**FL**

Zip Code

**34677**

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]*  
Signature, typed or printed name of registered agent and title if applicable

**JERRY HASIUK**

**V. PRES**

**3-3-05**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete  
NAME **HASIUK, JERRY**  
STREET ADDRESS **3588 WEMBLEY WAY # 104**  
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **P** ☐ Delete  
NAME **SIBLEY, LARRY**  
STREET ADDRESS **1436 SEAGULL DR. #207**  
CITY-ST-ZIP **PALM HARBOR FL 34685**

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 **455 STARFIRE CAUSEWAY**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7604 WIMPOLE DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JERRY HASIUK V-PRES**

**3-3-05**

Date

**(727) 403-1630**

Daytime Phone #