2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010267

Entity Name: FMC PASCO, INC

FILED Mar 24, 2005 Secretary of State

Entity Nar	ne: FMC PAS	SO, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
38135 MARKET SQUARE ZEPHYRHILLS, FL 33540				38135 MARKET SQUARE ZEPHYRHILLS, FL 33542			
Current Mailing Address:				New Mailing Address:			
38135 MARKET SQUARE ZEPHYRHILLS, FL 33540				38135 MARKET SQUARE ZEPHYRHILLS, FL 33542			
FEI Number:	59-3429465	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of St	atus Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
400 CLEVE SUITE 800 CLEARWA	ATER, FL 3461	T 5 US	vurnoso of	changing its	a ragistara	d office or register	rad agant or both
	named entity s of Florida.	ubmits this statement for the p	ourpose of	changing it	s registere	a oπice or register	red agent, or both,
SIGNATUF							
Election Car		c Signature of Registered Age Trust Fund Contribution ().	ent			Date	
		`,					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () MARQUARDT, E 400 CLEVELANI CLEARWATER,	STREET		Title: Name: Address: City-St-Zip:		() Change () Addit	ion
Title: Name: Address: City-St-Zip:	P () DELATTORE, JO 38135 MARKET ZEPHYRHILLS,	SQUARE		Title: Name: Address: City-St-Zip:		(X) Change()Addi E, JOE IKET SQUARE LLS, FL 33542	tion
Title: Name: Address: City-St-Zip:	S () CUFFE, COLLE 38135 MARKET ZEPHYRHILLS,	SQUARE		Title: Name: Address: City-St-Zip:		(X) Change()Addi PLLEEN KET SQUARE LLS, FL 33542	tion

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE DELATORRE PRES 03/24/2005