

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000082265

1. Entity Name
PASCO SPORTSMEN, INC.



Principal Place of Business
**3217 W PARKLAND BLVD
TAMPA, FL 33609**

Mailing Address
**3217 W PARKLAND BLVD
TAMPA, FL 33609**



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3468564

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEDNAR, RALPH J
3217 W PARKLAND BLVD
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

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 NAME STREET ADDRESS CITY - ST - ZIP	ST HILLIARD, SAMUEL C 8959 MAGNOLIA CHASE CIR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LITZAU, W. WAYNE 8615 MILES RD. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEDNAR, RALPH J 3217 W PARKLAND BLVD TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARRINE, ED DR. 10321 RECLINATA LN TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000889077
04/22/08-80039-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Ralph J. Bednar
April 8, 2008 913-876-5187

Date

Daytime Phone #