


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000075935

1. Entity Name
SM PASTOR CORPORATION



Principal Place of Business _____ Mailing Address _____

**639 MICHIGAN BLVD., STE 150D
DUNEDIN, FL 34698** **639 MICHIGAN BLVD
STE. 1500
DUNEDIN, FL 34698**

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3532268 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PASTOR, MARILYN I
7250 118TH TERRACE N
LARGO, FL 33773**

**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: *Marilyn Pastor* DATE: **4/19/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DP PASTOR, MARILYN I 7250 118TH TERR. LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PASTOR, SILVERIO 7250 118TH TERR. LARGO, FL 33773
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

04/28/05-80106-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Marilyn Pastor* DATE: **4/19/05**

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

MARILYN PASTOR