


**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 639 MICHIGAN BLVD., STE 150D DUNEDIN, FL 34698		Mailing Address 639 MICHIGAN BLVD STE. 1500 DUNEDIN, FL 34698
DO NOT WRITE IN THIS SPACE		
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 <u><i>Marilyn Pastor</i></u> DATE <u>4/19/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	DP	
NAME	PASTOR, MARILYN I	
STREET ADDRESS	7250 118TH TERR.	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE	DVP	
NAME	PASTOR, SILVERIO	
STREET ADDRESS	7250 118TH TERR.	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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)(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: <u><i>Marilyn Pastor</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>4/19/05</u> Daytime Phone #