## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2007 08:00 A Secretary of State DOCUMENT # P99000002210 1. Entity Name PASCO INVESTMENTS, INC. Principal Place of Business Mailing Address 31940 US HWY 19 NORTH 1436 U.S. 19 PALM HARBOR, FL 34684 HOLIDAY, FL 34691 04302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3551571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DATO, JAMES R DO NOT WRITE 1436 US 19 IN THIS SPACE **HLIDAY, FL 34691** 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 the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DATO, JAMES R NAME U00000755550 STREET ADDRESS 136 BALTIC CIRCLE CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 frue 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 empoweled 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPE OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #

**FILED**