


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000037137</b> 1. Entity Name <b>PASCO RESERVE, INC.</b>					
Principal Place of Business <b>28059 U.S. HWY. 19 NORTH, STE. 100 CLEARWATER FL 33761</b>			Mailing Address <b>PO BOX 833 NEW PORT RICHEY FL 34656</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3613603</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BURKE, ROBERT C JR. 28059 U.S. HWY. 19 NORTH, STE. 100 CLEARWATER FL 33761</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNIS, JOSEPH A 4636 COTTONWOOD DR. NEW PORT RICHEY FL 34652		TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/08/06-80012-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST PENZA, PETER 6165 ISLA VERDE AVE. CAROLINA, PUERTO RICO 00979		TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/08/06-80012-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST PENZA, PETER 6165 ISLA VERDE AVE. CAROLINA, PUERTO RICO 00979		TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/08/06-80012-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST PENZA, PETER 6165 ISLA VERDE AVE. CAROLINA, PUERTO RICO 00979		TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/08/06-80012-001 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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			1-27-06 727-849-2266 Date Daytime Phone #		