

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000051459

1. Entity Name

WEST PASCO ENTERPRISES, INC.



Principal Place of Business

6610 ORANGE BLOSSOM TRAIL
NEW PORT RICHEY, FL 34653

Mailing Address

6610 ORANGE BLOSSOM TRAIL
NEW PORT RICHEY, FL 34653

FILED

07 MAY -3 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02182007

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3578655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLLINS, LARRY
6610 ORANGE BLOSSOM TRAIL
NEW PORT RICHEY, FL 34653

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLLINS, LARRY
STREET ADDRESS	6610 ORANGE BLOSSOM TRAIL
CITY - ST - ZIP	NEW PORT RICHEY, FL 34653
TITLE	VP
NAME	COLLINS, VICKIE
STREET ADDRESS	6610 ORANGE BLOSSOM TRAIL
CITY - ST - ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

05/04/06 80116-006 \$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:

Vickie Collins

Vickie Collins

4-20-07

707-841-7543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #