


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # P99000082113</b><br>1. Entity Name<br><b>PAQCO, INC.</b> |  |
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| Principal Place of Business<br><b>101 WEBER AVE<br/>LEESBURG, FL 34748</b> | Mailing Address<br><b>101 WEBER AVE<br/>LEESBURG, FL 34748</b> |
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03022006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br><b>59-3609588</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>PAQUETTE, JAY S<br/>101 WEBER AVE<br/>34<br/>LEESBURG, FL 34788</b> |
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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 file if applicable (NOTE: Registered Agent signature required when reappointing) DATE

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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| <b>10. OFFICERS AND DIRECTORS</b>              |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>PAQUETTE, JAY S<br/>33804 OVERTON DR<br/>LEESBURG, FL 34788</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>PAQUETTE, FAY J<br/>810 LAKESHORE DR<br/>LEESBURG, FL 34748</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| <b>U000000510839<br/>04/29/06-80024-007 150.00</b> |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>              |

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:  **4-13-06** **352-365-0006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #