

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000097040

1. Entity Name
PASCO PAINTER'S SUPPLY, INC.



Principal Place of Business
**7435 BANNER ST.
NEW PORT RICHEY, FL 34653**

Mailing Address
**7435 BANNER ST.
NEW PORT RICHEY, FL 34653**

DO NOT WRITE IN THIS SPACE

**FILED
May 03, 2005 8:00 am
Secretary of State**

05-03-2005 90142 024 ***150.00

50047027



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3605118	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WEBER, WILLIAM N
7435 BANNER ST.
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEBER, WILLIAM N
STREET ADDRESS	7435 BANNER ST.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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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)(i), 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.

William N. Weber

4/22/05

727 858-0472

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #