

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90103 047 ***150.00

DOCUMENT # S08389

1. Entity Name
PASCO C.O.R.F., INC.



Principal Place of Business
**12251 US 301
DADE CITY, FL 33525 US**

Mailing Address
**P.O. BOX 1012
DADE CITY, FL 33526-1012 US**

50050404



2. Principal Place of Business
37941 Meridian Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1012
Suite, Apt. #, etc.

04262005 Chg-P CR2E034 (10/03)

City & State
Dade City FL

City & State
Dade City FL

4. FEI Number
59-3050789

Applied For
☐ Not Applicable

Zip Country
33525 Pasco

Zip Country
33526 Pasco

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNICKERBOCKER, JOEL C
36348 ST JOE ROAD
DADE CITY, FL 33525**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KNICKERBOCKER, JOEL C.**
STREET ADDRESS **36348 ST JOE ROAD**
CITY-ST-ZIP **DADE CITY, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KNICKERBOCKER, DEBORAH A**
STREET ADDRESS **36348 ST JOE ROAD**
CITY-ST-ZIP **DADE CITY, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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)(j), 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:

Deborah A. Knickerbocker 4/30/05

352 321 6002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #