

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 153192

FILED
Jan 07, 2007
Secretary of State

Entity Name: CASEY INTERPRISES AND INVESTMENTS, INC.

Current Principal Place of Business:

393 MCCALL DAIRY ROAD
DEFUNIAK SPRINGS, FL 32435 US

New Principal Place of Business:

4665 FOWLER TRAIL
CUMMING, GA 30041 US

Current Mailing Address:

393 MCCALL DAIRY ROAD
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

4665 FOWLER TRAIL
CUMMING, GA 30041 US

FEI Number: 59-0576178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, CHRISTINA C
393 MCCALL DAIRY RD
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

BROWN, CHRISTINA C
303 MCCALL DAIRY RD
DEFUNIAK SPRINGS, FL 32435 US

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.

SIGNATURE:

01/07/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, CHRISTINA C
Address: 393 MCCALL DAIRY RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: STD () Delete
Name: BROWN, MICHAEL E
Address: 393 MCCALL DAIRY RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, CHRISTINA C
Address: 4665 FOWLER TRAIL
City-St-Zip: CUMMING, GA 30041

Title: STD (X) Change () Addition
Name: BROWN, MICHAEL E
Address: 4665 FOWLER TRAIL
City-St-Zip: CUMMING, GA 30041

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E BROWN

STD

01/07/2007

Electronic Signature of Signing Officer or Director

Date