2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# 437953

Entity Name: CASON CONSTRUCTION COMPANY OF CENTRAL FLORIDA

Current Principal Place of Business:

307 W MAIN STREET
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

307 W MAIN STREET
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-1485024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASON, WALTER W JR
1574 GULFSIDE VILLAGE BLVD.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

CASON, WALTER W JR
1574 GOLFSIDE VILLAGE BLVD.
APOPKA, FL 32712 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: WALTER W. CASON, JR. 01/25/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: CASON, WALTER W JR
Address: 1574 GULFSIDE VILLAGE BLVD.
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete
Name: CASON, THOMAS W
Address: 2300 RUTLEDGE AVENUE
City-St-Zip: ORLANDO, FL 32817

Title: CS ( ) Delete
Name: BROWN, LAURE M
Address: 454 CLUB DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: CASON, JACQUELINE P
Address: 1574 GULFSIDE VILLAGE BLVD.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: CASON, WALTER W JR
Address: 1574 GOLFSIDE VILLAGE BLVD.
City-St-Zip: APOPKA, FL 32712

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CASON, JACQUELINE P
Address: 1574 GOLFSIDE VILLAGE BLVD.
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WALTER W. CASON, JR. PTD 01/25/2005
Electronic Signature of Signing Officer or Director Date