

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90247 010 ***150.00

20044491



01282005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000048008 1. Entity Name LA CASA REAL ESTATE, INC.					
Principal Place of Business 300 EL PRADO NORTH PORT, FL 34287			Mailing Address 300 EL PRADO NORTH PORT, FL 34287		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0913188	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GORDON, SCOTT E 240 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236				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)					
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	TITLE	PD	☐ Change ☒ Addition
NAME	OMAN, DAVID B		NAME	JOHN ORLOWSKI	
STREET ADDRESS	201 EL PRADO		STREET ADDRESS	925 IGLESIA	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	D	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	DEMANCSIK, MIKE		NAME	JOHN H. RITTER	
STREET ADDRESS	449 LOMA LINDA		STREET ADDRESS	403 CANTINA	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	D	☒ Delete	TITLE	FD	☐ Change ☒ Addition
NAME	SARGENT, JOHN E		NAME	ELMORE H. JOHNSON	
STREET ADDRESS	406 BRAVADO		STREET ADDRESS	426 VILLA NUEVA	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	D	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	SCHLEEHAUF, WALLACE E		NAME	Wallace Schleeauf	
STREET ADDRESS	650 LA SALA		STREET ADDRESS	650 LASALA	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	GIESSELMAN, JOHN F		NAME		
STREET ADDRESS	710 SANCHEZ		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GORMAN, WILLIAM D		NAME		
STREET ADDRESS	1498 WAUKON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		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.					
SIGNATURE: <i>John H. Ritter</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/20/05 Daytime Phone #: 941-426-0663	