2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90456 025 ***150.00

DOCUMENT # P04000048008

1. Entity Name
LA CASA REAL ESTATE, INC.

60031852

01312006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
300 EL PRADO NORTH PORT, FL 34287	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 ☐ Applied For ☐ Not Applicable

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
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 _____ DATE
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, 2006 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ORLOWSKI, JOHN 925 IGLESIA NORTH PORT, FL 34287	☒ Delete	PD GIFFORD STOWELL 656 LOS ALTOS NORTH PORT FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RITTER, JOHN H 403 CANTINA NORTH PORT, FL 34287	☒ Delete	VD ROBERT HENSEL 407 VILLA NUEVA NORTH PORT, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNSON, ELMORE H 426 VILLA NUEVA NORTH PORT, FL 34287	☒ Delete	TD BETTY J. INGRAM 249 EL PRADO E. NORTH PORT, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALLACE, SCHLECHAUF 650 LA SALA NORTH PORT, FL 34287	☒ Delete	SD PHILLIP C. MERVINE 307 ROBALO NORTH PORT FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORMAN, WILLIAM D 1498 WAUKON CIRCLE CASSELBERRY, FL 32707	☒ Delete	D FRANCES L. SURLES 249 Vistoria NORTH PORT FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Betty J. Ingram BETTY J. INGRAM 4-27-06 941/426-0663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #