

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90196 034 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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 - No P.O. Box #		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 GORDON, SCOTT E 240 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when replacing)			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 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 STOWELL, GIFFORD 858 LOS ALTOS NORTH PORT, FL 34287 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Phillip Mervine 307 Robalo North Port, FL 34287 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENSEL, ROBERT 407 VILLA NUEVA NORTH PORT, FL 34287 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD INGRAM, BETTY J 249 EL PRADO EAST NORTH PORT, FL 34287 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lillian Huffman 534 La Playa North Port, FL 34287 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERVINE, PHILLIP C 307 ROBALO NORTH PORT, FL 34287 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jim Freeman 640 Alvarado North Port, FL 34287 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SURLES, FRANCES L 249 VICTORIA NORTH PORT, FL 34287 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andrew Scott Rowe 14969 Tamiami Trail North Port, FL 34287 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		Date: 4-16-07 4239847	