2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90004 048 ***150.00

DOCUMENT # P04000048008

1. Entity Name
LA CASA REAL ESTATE, INC.

Principal Place of Business	Mailing Address
300 EL PRADO NORTH PORT, FL 34287	300 EL PRADO NORTH PORT, FL 34287

03252008 Chg-P CR2E034 (12/06)

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	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, 2008 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 MERVINE, PHILLIP 307 ROBALO NORTH PORT, FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	Director	XX 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	VD Lillian Huffman 534 La Playa North Port, FL 34287	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FREEMAN, JIM 534 LA PLAYA NORTH PORT, FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROWE, ANDREW S 14969 TAMIAMI TRAIL NORTH PORT, FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1800 Scarlett Avenue North Port, FL 34289	XX 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: Phillip Mervine, Pres Phillip Mervine Pres 3/25/2008 (941/429-9300)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #