# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2009**
**Secretary of State**

DOCUMENT# P04000048008

**Entity Name:** LA CASA REAL ESTATE, INC.

**Current Principal Place of Business:**

300 EL PRADO
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

300 EL PRADO
NORTH PORT, FL 34287

**New Mailing Address:**

**FEI Number: 20-0913188** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORDON, SCOTT E
240 SOUTH PINEAPPLE AVENUE
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: MERVINE, PHILLIP
Address: 307 ROBALO
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: HENSEL, ROBERT
Address: 407 VILLA NUEVA
City-St-Zip: NORTH PORT, FL 34287

Title: TD ( ) Delete
Name: INGRAM, BETTY J
Address: 249 EL PRADO EAST
City-St-Zip: NORTH PORT, FL 34287

Title: SD ( ) Delete
Name: FREEMAN, JIM
Address: 534 LA PLAYA
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: ROWE, ANDREW S
Address: 1800 SCARLETTE AVENUE
City-St-Zip: NORTH PORT, FL 34289

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition
Name: HENSEL, ROBERT
Address: 407 VILLA NUEVA
City-St-Zip: NORTH PORT, FL 34287

Title: TD (X) Change ( ) Addition
Name: CURLEY, WILLIAM
Address: 347 ROBALO
City-St-Zip: NORTH PORT, FL 34287

Title: SD (X) Change ( ) Addition
Name: KULIBERT, MARILYN
Address: 809 VILLA DEL SOL
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change ( ) Addition
Name: BEELER, GARY G
Address: 3002 PELLAM BOULEVARD
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D ( ) Change (X) Addition
Name: FREEMAN, JAMES
Address: 640 ALVARADO
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARY G. BEELER D 03/23/2009

Electronic Signature of Signing Officer or Director — Date