
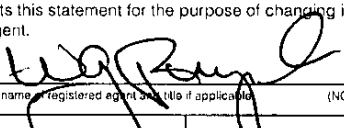
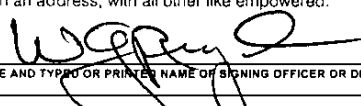


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90301 001 ***750.00

DOCUMENT # 325455 1. Entity Name CASCADE INC.					
Principal Place of Business 2439 BEE RIDGE RD SARASOTA, FL 34239			Mailing Address 2439 BEE RIDGE RD SARASOTA, FL 34239		
2. Principal Place of Business - No P.O. Box # 446 Camille Drive		3. Mailing Address 446 Camille Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Osprey, FL		City & State Osprey, FL		4. FEI Number 59-1237334	
Zip 34229		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYNOLDS, W GREG 2439 BEE RIDGE ROAD SARASOTA, FL 34239				7. Name and Address of New Registered Agent Name Reynolds, W. Greg Street Address (P.O. Box Number is Not Acceptable) 446 Camille Drive City Osprey FL Zip Code 34229	
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 1/24/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 REYNOLDS, WM GREG 446 CAMILE DRIVE OSPREY, FL 34229	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD GILLILAND, RICHARD K 2439 BEE RIDGE ROAD SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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:  1/24/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					