

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 325455

Entity Name: CASCADE INC.

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

446 CAMILLE DR.  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

446 CAMILLE DR.  
OSPREY, FL 34229

**New Mailing Address:**

FEI Number: 59-1237334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REYNOLDS, W GREG  
446 CAMILLE DR.  
OSPREY, FL 34229 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REYNOLDS, WM GREG,  
Address: 446 CAMILE DRIVE  
City-St-Zip: OSPREY, FL 34229

Title: VSTD ( ) Delete  
Name: GILLILAND, RICHARD K,  
Address: 2439 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34239

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

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

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

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: WILLIAM GREG REYNOLDS

PD

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date