


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 412574
 1. Entity Name
F P CADE & SONS, INC



Principal Place of Business 543 RAULERSON RD. P O BOX 33 SEVILLE, FL 32190	Mailing Address 543 RAULERSON RD. P O BOX 33 SEVILLE, FL 32190
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03112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0963640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CADE, JOHN PASCO
 543 RAULERSON RD
 SEVILLE, FL 32190

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6. 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CADE, JOHN P 543 RAULERSON RD SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CADE, FORREST E 2111 MCBRIDE RD SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CADE, JAMES L 626 CR 305 SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVERS, CHARLES D. 2136 MCBRIDE RD SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIVERS, IRIS CADE 2136 MCBRIDE RD SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CADE, VANN P. 2145 MCBRIDE RD SEVILLE, FL 32190

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 03/29/06-80013-012 150.00

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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: John P. Cade John P. Cade 3/15/06 396-749-2437
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone