


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90071 046 \*\*\*150.00

<b>DOCUMENT #660219</b> 1. Entity Name <b>CASE REALTY, INC.</b>					
Principal Place of Business <b>4075 TAMiami TRAIL</b> <b>PORT CHARLOTTE, FL 33952</b>			Mailing Address <del>99 NESBIT STREET</del> <del>PUNTA GORDA, FL 33950</del> US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4075 Tamiami Tr.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Port Charlotte, Fl.</b>		4. FEI Number <b>59-1989190</b>	
Zip <b>33952</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <del>HACKETT, JACK O., II</del> <del>99 NESBIT STREET</del> <del>PUNTA GORDA, FL 33950</del>				7. Name and Address of New Registered Agent Name <b>CASE, PATRICIA H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4075 TAMiami TR.</b> City <b>PORT CHARLOTTE</b> <b>FL</b> Zip Code <b>33952</b>	
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 <i>Patricia H. Case, Pres.</i> <b>Patricia H. Case President</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>04/17/07</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD CASE, PATRICIA H. 4075 TAMiami TRAIL PORT CHARLOTTE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Patricia H. Case, Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>04/17/07</b>		Daytime Phone # <b>(941)629-7558</b>