


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006 08:00 A
Secretary of State

DOCUMENT # 746818

1. Entity Name
CASA DE PALMA, INC.



Principal Place of Business
**302 E PALM AVE
 TAMPA, FL 33602 US**

Mailing Address
**215 E PALM AVE
 TAMPA, FL 33602-2200 US**

DO NOT WRITE IN THIS SPACE



07192006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1934551	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEAR, JOE T., JR.
 1301 10TH ST EAST
 SUITE B
 PALMETTO, FL 34221**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 6, 2006**

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

U00000573792
 08/08/06-80001-009 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRAIN, RANDALL 4016 EL PRADO BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRAIN, SALLY 4016 EL PRADO TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWSEY, MARIE 709 W PARK AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, EDWARD 215 E PALM AVENUE #1207 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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, trustee empowered to execute this report as required by Chapter 617, 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:  _____ DATE **8/9/07** DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR