



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90057 021 ****61.25

DOCUMENT # 748599 1. Entity Name THE CASTT-AWAY OF NOKOMIS INCORPORATED																																																																																																																																																																																																																	
Principal Place of Business 100 BAYSHORE RD APT E NOKOMIS, FL 34275 US			Mailing Address RICHARD M. OLSEN 1026 SPAFFORD ST. ANTIOCH, IL 60002 US																																																																																																																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc. <i>N/A</i>		3. Mailing Address Suite, Apt. #, etc. <i>N/A</i>																																																																																																																																																																																																															
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Country		Country		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 DREIGHTON, BARBARA 7350 TAMiami TRAIL SUITE #85 SARASOTA, FL 34231																																																																																																																																																																																																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i> City FL Zip Code				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>BARBARA Deighton x Barbara Deighton x 4-10-05</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State																																																																																																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: <i>Richard M. Olsen</i> 4-8-05 941-488-6806 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																																																																																	