

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # F01000003312

1. Entity Name
CASSON-MARK CORPORATION



Principal Place of Business
**10515 MARKISON STR
DALLAS, TX 75238**

Mailing Address
**10515 MARKISON STR
DALLAS, TX 75238**



03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2504681

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CASSON, PAUL
STREET ADDRESS 10515 MARKISON STR
CITY-ST-ZIP DALLAS, TX

TITLE VD
NAME CASSON, STEPHANIE
STREET ADDRESS 10515 MARKISON STR
CITY-ST-ZIP DALLAS, TX

TITLE S
NAME SCWEIZER, KATHY
STREET ADDRESS 10515 MARKISON STR
CITY-ST-ZIP DALLAS, TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000269276
03/19/05-80003-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-05

Date

214-340-0880

Daytime Phone #