


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F01000004016 |  |
| 1. Entity Name CAKO DEVELOPMENT CORPORATION | |

| | |
|--|---|
| Principal Place of Business 6000 NW 70TH AVE OCALA, FL 34482 | Mailing Address 4421 NW BLITCHTON RD #421 OCALA, FL 34482 |
|--|---|



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 41-0941129 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|--|
| 6. Name and Address of Current Registered Agent DAHL, MICHAEL D 6000 NW 70TH AVE OCALA, FL 34482 |
|--|

**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 _____ (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**

U00000557552
05/17/06-80054-007 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCT DAHL, ROBERT S 6000 NW 70TH AVE OCALA, FL 34482 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VVCS DAHL, CAROL J 6000 NW 70TH AVE OCALA, FL 34482 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAHL, ROBERT S JR. 6000 NW 70TH AVE OCALA, FL 34482 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAHL, MICHAEL D 6000 NW 70TH AVE OCALA, FL 34482 |
| 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 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 life empowered.

SIGNATURE: Michael D. Dahl **Michael D. Dahl** 4-27-06 352-629-4044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #