

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 08:00 AM
Secretary of State

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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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 41-0941129

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAHL, MICHAEL D
6000 NW 70TH AVE
OCALA FL 34482

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PCT ☐ Delete
NAME DAHL, ROBERT S
STREET ADDRESS 6000 NW 70TH AVE
CITY-ST-ZIP Ocala FL 34482

TITLE VVCS ☐ Delete
NAME DAHL, CAROL J
STREET ADDRESS 6000 NW 70TH AVE
CITY-ST-ZIP Ocala FL 34482

TITLE D ☐ Delete
NAME DAHL, ROBERT S JR.
STREET ADDRESS 6000 NW 70TH AVE
CITY-ST-ZIP Ocala FL 34482

TITLE D ☐ Delete
NAME DAHL, MICHAEL D
STREET ADDRESS 6000 NW 70TH AVE
CITY-ST-ZIP Ocala FL 34482

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000665612
CITY-ST-ZIP 03/23/07-80037-004 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael D. Dahl Michael D. Dahl 3-12-07 352-629-4014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #