

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90035 004 ***150.00

DOCUMENT # F03000005852

1. Entity Name
CASE-MANAGER.NET, INC.



Principal Place of Business

3905 E. MARTIN WAY, SUITE E
OLYMPIA, WA 95806

Mailing Address

3905 E. MARTIN WAY, SUITE E
OLYMPIA, WA 95806

94021841



2. Principal Place of Business

1920 Virginia Ave
Suite, Apt. #, etc.
901

3. Mailing Address

Suite, Apt. #, etc.

02192004 Chg-P CR2E034 (10/03)

City & State

Ft. Myers FL

City & State

Zip

33901

Country
USA

Country

4. FEI Number
20-0083348

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

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, 2004 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 ☐ Delete
NAME TODAK, STEPHANIE
STREET ADDRESS 3905 E. MARTIN WAY, SUITE E
CITY-ST-ZIP OLYMPIA, WA 95806

TITLE VCD ☐ Delete
NAME CONNALLY, GERALD E
STREET ADDRESS 3905 E. MARTIN WAY, SUITE E
CITY-ST-ZIP OLYMPIA, WA 95806

TITLE SD ☐ Delete
NAME TODAK, ALEX
STREET ADDRESS 3905 E. MARTIN WAY, SUITE E
CITY-ST-ZIP OLYMPIA, WA 95806

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1920 Virginia Ave STE 901
CITY-ST-ZIP FT. Myers, FL 33901

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 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

Date

Daytime Phone #

G. CONNALLY

2/25/2004 (239) 332-2878