


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F07000002868</b> 1. Entity Name CAS RESOURCES, INC.	
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**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 550 NORTH SCOTT STREET ADRIAN, MI 49221	Mailing Address 550 NORTH SCOTT STREET ADRIAN, MI 49221
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07062008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-8841648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<p style="font-size: 24px; font-weight: bold; background-color: #cccccc;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 000000954073
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	KNUEVE, KRISTIE
STREET ADDRESS	550 NORTH SCOTT STREET
CITY-ST-ZIP	ADRIAN, MI 49221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

07/10/08-80010-007-150.00

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 like empowered.

SIGNATURE: Kristie Knueve July 10 2008 517-263-2434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #