


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90124 042 ***150.00

DOCUMENT # F97000006533

1. Entity Name
CASEWAY INDUSTRIAL PRODUCTS, INC.



Principal Place of Business
~~14516 NEW HAMPTON PL~~
~~FORT MYERS, FL 33912~~
1050 GREEN PINE CIRCLE
ORANGE PARK, FL 32065

Mailing Address
~~14516 NEW HAMPTON PL~~
~~FORT MYERS, FL 33912~~
1050 GREEN PINE CIRCLE
ORANGE PARK, FL 32065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01262006 Chg-P CR2E034 (11/05)

4. FEI Number
38-2424512

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRAWNER, THOMAS E
~~14516 NEW HAMPTON PL~~
~~FORT MYERS, FL 33912~~
1050 GREEN PINE CIRCLE
ORANGE PARK, FL 32065

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 *Thomas E. Brawner* DATE 3/25/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPT BRAWNER, THOMAS E STREET ADDRESS 14516 NEW HAMPTON PL 1050 GREEN PINE CIRCLE CITY-ST-ZIP FORT MYERS, FL 33912 ORANGE PARK FL 32065	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CVS BRAWNER, SHERRY L STREET ADDRESS 14516 NEW HAMPTON PL 1050 GREEN PINE CIR CITY-ST-ZIP FORT MYERS, FL 33912 ORANGE PARK, FL 32065	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas E. Brawner* **THOMAS E. BRAWNER** PRESIDENT 3/25/06 (904) 214-9056

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