


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000006533
 1. Entity Name
 CASEWAY INDUSTRIAL PRODUCTS, INC.



Principal Place of Business
 1050 GREEN PINE CIRCLE
 ORANGE PARK, FL 32065

Mailing Address
 1050 GREEN PINE CIRCLE
 ORANGE PARK, FL 32065

DO NOT WRITE IN THIS SPACE



01282007 No 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
 1050 GREEN PINE CIRCLE
 ORANGE PARK, FL 32065

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT BRAWNER, THOMAS E 1050 GREEN PINE CIRCLE ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS BRAWNER, SHERRY L 1050 GREEN PINE CIRCLE ORANGE PARK, FL 32065
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 02/05/07-80026-004 150.00

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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 1/27/07 (904)214-9056

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