

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000002206

1. Entity Name
KASSIE, INC.



Principal Place of Business
**C/O PETER SORGI, ESQ.
50 STANIFORD ST.
BOSTON, MA 02114-2517**

Mailing Address
**C/O PETER SORGI, ESQ.
50 STANIFORD ST.
BOSTON, MA 02114-2517**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
03-0355516

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLACE, JO-ANN D
COBIA PT. CONDOMINIUM, UNIT 4C
1515 SOMBRERO BLVD
MARATHON, FL 33055**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 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-STATE-ZIP
**PDC
WALLACE, JO ANN D
1515 SOMBRERO BLVD, UNIT 4C
MARATHON, FL 33055**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VTD
LOCKE, STEPHEN H
PO BOX 2282
SOUTH BURLINGTON, VA 05407**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SDC
SORGI, PETER
50 STANIFORD STREET, #804
BOSTON, MA 021142517**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
SORGI, DAVID
50 STANIFORD STREET, #804
BOSTON, MA 021142517**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000417416
02/13/06-80054-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER SORGI, SECRETARY 1/30/06 (617) 742-2150

Date

Daytime Phone #