


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000002008
 1. Entity Name
CAST SOUTHERN SUPPLY CORPORATION



Principal Place of Business Mailing Address
PO BOX 1368 **PO BOX 1368**
ELKHART, IN 46515 **ELKHART, IN 46515**

DO NOT WRITE IN THIS SPACE



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number 35-0978825	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FLOYD, DEE
520 SW 31ST AVE
OCALA, FL 34474

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

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

1100000478131
 04/07/06-80019-014 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WIEKAMP, DARWIN L 58263 CHARLOTTE AVENUE ELKHART, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, DENNIS J 58263 CHARLOTTE AVENUE ELKHART, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, JAMES T 58263 CHARLOTTE AVENUE ELKHART, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JAGLA, BRENT E 58263 CHARLOTTE AVENUE ELKHART, IN 46517
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAGY, THOMAS J 58263 CHARLOTTE AVENUE ELKHART, IN 46517
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Brent E. Jagla* **BRENT E. JAGLA** 3/15/06 574-970-1803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #