2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H38483 1. Entity Name CASEY PROPERTIES, INC. Principal Place of Business Mailing Address 3260 BEACH BLVD.

FILED Apr 09, 2005 08:00 AM Secretary of State



3260 BEACH BLVD. P.O. BOX 10457 JACKSONVILLE, FL 32247

DO NOT WRITE IN THIS SPACE

03242005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 59-2497250 Not Applicable

904

398-533

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF

MARTIN, MARVIN CASEY 3260 BEACH BLVD. JACKSONVILLE, FL 32207

SIGNATURE:

P.O. BOX 10457

JACKSONVILLE, FL 32247

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 pritted name of registered again and time if applicable. (NOTE: Registered Age it eignature required when reinstating) UNTEREST.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			04/09/05-80017-003 150.00
10.	OFFICERS AND DIREC	TORS	1	and the same of the same part of the same back the first part	######################################
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, MARVIN CASEY 185 S. ROSCOE BLVD PONTE VEDRA BEACH, FL 32082				· ••••
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	D MARTIN, ROLAND P. 3001 FOREST CIRCLE JACKSONVILLE, FL 32257				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	**************************************			THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	<u>. 11. 25., 2., 1., 1., 1., 1., 1., 1., 1., 1., 1., 1</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				er en were en en en en	ere de la companya d
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 507, 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.					

NITHAN