

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90105 038 ***150.00

DOCUMENT # H54029

1. Entity Name

S & E CASEY & CO., INC.



Principal Place of Business

5410 LOOKOUT PASS
WESLEY CHAPEL FL 33544
US

Mailing Address

5410 LOOKOUT PASS
WESLEY CHAPEL FL 33544
US



2. Principal Place of Business

804 S. Waterview Dr

3. Mailing Address

P.O. Box 7647

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Inverness, FL

City & State

Wesley Chapel, FL

4. FEI Number

59-2595944

Applied For

Not Applicable

Zip

34452

Country

USA

Zip

33544

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASEY, SANDRA
5410 LOOKOUT PASS
WESLEY CHAPEL FL 33544

804 S. Waterview Dr
Inverness, FL
34452

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

Sandra Casey
Signature of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

March 21, 2006

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 VSD ☐ Delete
NAME CASEY, EARL
STREET ADDRESS 5410 LOOKOUT PASS
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE ☒ Change ☐ Addition
NAME P.O. Box 7647
STREET ADDRESS
CITY-ST-ZIP

TITLE PTD ☐ Delete
NAME CASEY, SANDRA
STREET ADDRESS 5410 LOOKOUT PASS
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE ☒ Change ☐ Addition
NAME P.O. Box 7647
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sandra Casey
Signature and typed or printed name of signing officer or director

March 21, 2006 (813) 907-1494

Date

Daytime Phone #