

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-28-2007 90008 020 ***158.75
H60472

DOCUMENT # H60472	
1. Entity Name CASHI SERVICES, INC.	



Principal Place of Business 2904 S. WESTMORELAND DR. ORLANDO FL 32805 US	Mailing Address P.O. BOX 547759 ORLANDO FL 32854 US
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2. Principal Place of Business - No P.O. Box # 2385 Forest Club Dr. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 547759 Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
Zip 32804	Zip 32854
Country	Country

4. FEI Number 59-2673322	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent R. CASH KASCHAI 2904 S. WESTMORELAND DR. ORLANDO FL 32805	
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7. Name and Address of New Registered Agent Name R. Cash Kaschai Street Address (P.O. Box Number is Not Acceptable) 2385 Forest Club Drive City Orlando FL Zip Code 32804	
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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 R. Cash Kaschai

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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
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10. OFFICERS AND DIRECTORS		11. VST ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KASCHAI, RALPH E. 2904 S WESTMORELAND DR ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kaschai, Ralph E. 2385 Forest Club Drive Orlando, FL 32804 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KASCHAI, CASH 2904 S WESTMORELAND DR ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kaschai, Cash 2385 Forest Club Drive Orlando, FL 32804 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: R. Cash Kaschai R. Cash Kaschai 2-19-07 (407) 299-7866

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

FILED
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1st MOORE CR2E034 (10/06)