2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H78185

1. Entity Name
CHARLES P. CASSON, INC.

Principal Place of Business	Mailing Address
8141 AQUILA STREET UNIT 314 PORT RICHEY, FL 34668 US	PO BOX 131 NEW PORT RICHEY, FL 34656 US

DO NOT WRITE IN THIS SPACE

01212008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2590690	Not Applicable

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

6. Name and Address of Current Registered Agent

CASSON, CHARLES P.
8141 AQUILA STREET
UNIT 314
PORT RICHEY, FL 34668

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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 _____

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, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	CASSON, CHARLES P.
STREET ADDRESS	8141 AQUILA STREET UNIT 314
CITY-ST-ZIP	PORT RICHEY, FL 34668

TITLE	
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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: _CHARLES P. CASSON_   3/10/08   727 843-0327

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