2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J75672

1. Entity Name
CAFLISCH, INCORPORATED

77 BEACH ROAD

SARASOTA, FL 34242 US



Principal Place of Business Mailing Address

C/O WILLIAM H. CAFLISCH 77 BEACH RD. SARASOTA, FL 34242

FILED Apr 18, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04092007	No Chg-P	CR2E034 (11/05)		
4. FEI Numbe	r		Applied For	
59-2816657			Not Applicab	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CAFLISCH, WILLIAM H. 77 BEACH RD. SARASOTA, FL 34242

DO NOT WRITE IN THIS SPACE

4/11/07 (941)349-0272 Date Daytime Pi

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 little if applicable (NOTE: Registered Agent signature required when reinstating)							
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.							
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAFLISCH, SHEILA S. 77 BEACH RD. SARASOTA, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAFLISCH, WILLIAM H. 77 BEACH RD. SARASOTA, FL		,	<i>U0000</i> 071487 04/27/07-80040	0 -019 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAFLISCH, CHELLY C. 77 BEACH RD. SARASOTA, FL			OO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP				• •			
NAME STREET ADDRESS CITY-ST-ZIP							
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.							