2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K57938

Entity Name: C.A.S. ENTERPRISES OF KISSIMMEE, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1350 S JOHN YOUNG PKWY SUITE C KISSIMMEE, FL 34741				1350 S. JOHN YOUNG PKWY SUITE C		
				KISSIMMEE, FL 34741		
Current Mailing Address:				New Mailing Address:		
1350 S JOHN YOUNG PKWY SUITE C KISSIMMEE, FL 34741				1350 S. JOHN YOUNG PKWY SUITE C KISSIMMEE, FL 34741		
FEI Number:	59-3114061	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SMITH, C. ALLEN PRES 1350 S JOHN YOUNG PKWY SUITE C KISSIMMEE, FL 34741 US				SMITH, ANITA V PRES 4733 HURON BAY CIRCLE KISSIMMEE, FL 34759 US		
	named entity s of Florida.	ubmits this statement for the pu	irpose o	f changing it	s registered	office or registered agent, or both,
SIGNATURE: ANITA V. SMITH				04/23/2009		
Electronic Signature of Registered Agent						Date
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DV () SMITH, ANITA V 2306 INDIAN MO KISSIMMEE, FL	DUND TRAIL		Title: Name: Address: City-St-Zip:	SMITH, ANA D	MOUND TRAIL
Title: Name: Address: City-St-Zip:	SMITH, C. ALLE	OUNG PKWY, SUITE C		Title: Name: Address: City-St-Zip:	P (X SMITH, ANITA 4733 HURON KISSIMMEE, I	BAY CIRCLE
Title: Name: Address: City-St-Zip:	DST () SMITH, MURIEL 1436 CARDINAL ORLANDO, FL	ROAD		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	FITZGERALD) Change (X) Addition GRETCHEN M S COVE LOOP FL 34741
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	,	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA D. SMITH VP 04/23/2009