2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # K59090

1. Entity Name

CADE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1106 N.W. 57TH ST. GAINESVILLE FL 32605	1106 N.W. 57TH ST. GAINESVILLE FL 32605

1st MOORE   CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 59-2961694   Applied For / Not Applicable

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
ZIMMERMAN, A.L. 1106 N.W. 57 ST. GAINESVILLE FL 32605	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 _____

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, 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	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CADE, J. ROBERT		NAME			
STREET ADDRESS	529 NW 58TH ST		STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE	U00000538960	☐ Change	☐ Addition
NAME	CADE, MARY M.		NAME	05/09/06-80082-008 150.00		
STREET ADDRESS	529 NW 58TH ST.		STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ZIMMERMAN, ARNOLD		NAME			
STREET ADDRESS	1106 NW 57TH STREET		STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _Arnold Zimmerman_ – ARNOLD ZIMMERMAN   4/23/06   352-332-3093

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