

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K59090

Entity Name: CADE ENTERPRISES, INC.

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

4010 NW 25TH PLACE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13494  
GAINESVILLE, FL 32604

**New Mailing Address:**

FEI Number: 59-2961694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALTERS, FRANK  
4010 NW 25TH PLACE  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: CADE, ROBERT M  
Address: 529 NW 58TH ST  
City-St-Zip: GAINESVILLE, FL 32607

Title: TREA ( ) Delete  
Name: CADE, MARY  
Address: 529 NW 58TH ST.  
City-St-Zip: GAINESVILLE, FL 32607

Title: SECT ( ) Delete  
Name: CADE, MARTHA  
Address: 11506 NW 129 TERR  
City-St-Zip: ALACHUA, FL 32615

Title: VP ( ) Delete  
Name: MILES, PHOEBE C  
Address: 3909 HARRISON STREET NW  
City-St-Zip: WASHINGTON, DC 20015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
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: PHOEBE MILES

VP

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date