2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2008 8:00 am Secretary of State

DOCUMENT # N02000008504 1. Entity Name CASA LOMA INC.						0010 035 ****	51.25	
105 52ND AVE, EAST 10		Mailing Address 105 52ND AVE, EAST BRADENTON, FL 34203	D5 52ND AVE, EAST					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		i	02182008 Ch	ng-NP	CR2E037 (12/06))
City & State		City & State			4. FEI Number 59-128563	2	 	Applied For
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	S8.75 A	
	6. Name and Address of Curren	t Registered Agent			7. Name and Addr	ress of New Re	gistered Agent	
LOBECK-HANSON 2033 MAIN ST STE 403 SARASOTA, FL 34233				Name Street Address (P.O. Box Number is Not Acceptable)				
	,		City				F ∎ Zip Co	ode
							FL `	
the obligati	named entity submits this statement i ions of registered agent.	or the purpose of changing its r	egistered office o	r registere	ed agent, or both, in t	the State of Flori	ida. I am familiar witi -	i, and accept
SIGNATURE .	Signature, typed or printed name of registered ager	nt and little if applicable (NOTE	Registered Agent signa	ture required v	when reinstating)		DATE	
Filing Fee is \$61.25 9. Election Ca Due by May 1, 2008 Trust Fund			paign Financing ontribution.		\$5.00 May Be Added to Fees		ke check payable la Department of	
10.	OFFICERS AND D	IRECTORS	11.	A	DDITIONS/CHANGE	S TO OFFICER	S AND DIRECTORS	N 10
			TITLE	1000		IONS	☐ Change	Addition
TITLE	S	☐ Delete	TITLE	1000	MUNICATI			
NAME	S STALIL, JOHN	☐ Delete	NAME	1	MMUNICATI DICKMAN			
	S	☐ Delete		AL 302	DICKMAN 50Th AV	E. PIAZI	ą E.	
NAME STREET ADDRESS	S STALIL, JOHN 306 50TH AVE DR E	☐ Delete	NAME STREET ADDRESS	AL 302 BRA	DICKMAN 50Th AVI	E. PIAZI FI. 342	7 E.	. Addition
NAME STREET ADDRESS CITY-ST-ZIP	S STALIL, JOHN 306 50TH AVE DR E BRADENTON, FL 34203		NAME STREET ADDRESS CITY+ST+ZIP	AL 302 BRE WAY	DICKMAN 50Th AV	F. PIAZI FI. 342.	7 E.	Addition
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Indicated on this report or supplied with this tiling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied mental 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 trystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all otterligible empowered.

GNATURE:

GNATURE:

GNATURE:

SIGNATURE: _