


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90164 025 \*\*\*\*70.00

DOCUMENT # N05000001868					
<b>1. Entity Name</b> CASEY'S REACH, INC.					
<b>Principal Place of Business</b> 892 GREENWOOD MANOR CIRCLE WEST MELBOURNE, FL 32904			<b>Mailing Address</b> 892 GREENWOOD MANOR CIRCLE WEST MELBOURNE, FL 32904		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 2331			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Banner Elk, NC			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2382905	
28604	US	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  LA VIGNE, MATTHEW 892 GREENWOOD MANOR CIRCLE WEST MELBOURNE, FL 32904			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> LA VIGNE, MATTHEW 892 GREENWOOD MANOR CIRCLE WEST MELBOURNE, FL 32904		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> J. Earl Evans, Jr. 3540 Bull Run Court Melbourne, FL 32934	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> LA VIGNE, JENNIFER 892 GREENWOOD MANOR CIRCLE WEST MELBOURNE, FL 32904		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Judy Lazzaro 1742 Sayabec Street NW Palm Bay, FL 32907	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> TUCKER, JAMIE 3255 TREETOP DRIVE TITUSVILLE, FL 32780		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> TUCKER, CHARLES W 3255 TREETOP DRIVE TITUSVILLE, FL 32780		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 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 other like empowered.</b>					
<b>SIGNATURE:</b> <u>Jennifer LaVigne</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4/28/06</u> <u>828-783-8121</u> Date Daytime Phone #		
<u>Jennifer LaVigne</u>					