

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000001868

1. Entity Name
CASEY'S REACH, INC.



Principal Place of Business
**892 GREENWOOD MANOR CIRCLE
WEST MELBOURNE, FL 32904**

Mailing Address
**PO BOX 2331
BANNER ELK, NC 28604**



04302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2382905

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LA VIGNE, MATTHEW
892 GREENWOOD MANOR CIRCLE
WEST MELBOURNE, FL 32904**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LA VIGNE, MATTHEW
STREET ADDRESS	892 GREENWOOD MANOR CIRCLE
CITY- ST- ZIP	WEST MELBOURNE, FL 32904
TITLE	VD
NAME	LA VIGNE, JENNIFER
STREET ADDRESS	892 GREENWOOD MANOR CIRCLE
CITY- ST- ZIP	WEST MELBOURNE, FL 32904
TITLE	SD
NAME	TUCKER, JAMIE
STREET ADDRESS	3255 TREETOP DRIVE
CITY- ST- ZIP	TITUSVILLE, FL 32780
TITLE	TD
NAME	TUCKER, CHARLES W
STREET ADDRESS	3255 TREETOP DRIVE
CITY- ST- ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	EVANS, J E JR
STREET ADDRESS	3540 BULL RUN CT
CITY- ST- ZIP	MELBOURNE, FL 32934
TITLE	D
NAME	LAZARO, JUDY
STREET ADDRESS	1742 SAYABEE ST NW
CITY- ST- ZIP	PALM BAY, FL 32907

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05/29/07-80011-008 70.00

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____