2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000030031

1. Entity Name CASA DE CAMPO, INC.



Principal Place of Business

13400 SUTTON PARK DRIVE SO

1402

JACKSONVILLE, FL 32256

Mailing Address

13400 SUTTON PARK DRIVE SO

1402

JACKSONVILLE, FL 32256

FILED Apr 13, 2004 08:00 AM Secretary of State



04092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3633445

Applied Fo

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, MITCHELL R 13400 SUTTON PARK DRIVE'S STE 14021 JACKSONVILLE, FL 32256

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| | named entity submits this statement for the pions of registered agent | ourpose of changing its registered | office or | registered agent, or both, in the Sta | ate of Florida. I am familiar with, and acc |
|---|--|---|--------------|---------------------------------------|--|
| SIGNATURE_ | | n 1 | | | |
| | Signature, typed or printed name of registered agent and title | st applicable. (NDIE; Hegistered A | gent signatu | re required when reinstating) | DATE |
| File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | Added to Fees UUUUUL | 0111360 -80014-003 150.00 |
| 10. | OFFICERS AND DIREC | CTORS | , | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MONTGOMERY, MITCHELL R 13400 SUTTON PARK DR. S.#1402 JACKSONVILLE, FL 32224 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| THEE NAME STREET ADDRESS | | | | חס אסז | Γ WRITE |
| CITY-ST-ZIP | | | · | | · · · · · · · · · · · · · · · · · · · |
| NAME STREET ADDRESS CITY-ST-719 | | | | IN THIS | SPACE |
| TITLE NAME STREET ADDRESS GITY - ST - ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. Thereby: | certify that the information spoolled with this f | iling does not qualify for the execu- | ation etat | ed in Section 119 07/31/3) Fiorida 9 | Statutas I further certify that the informat |

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

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