


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90045 035 \*\*\*158.75

<b>DOCUMENT # P00000081908</b>	
1. Entity Name <b>CASON BUILDERS, INC.</b>	

Principal Place of Business <b>20223 NE 6TH ST. GAINESVILLE FL 32609</b>	Mailing Address <b>20223 NE 6TH ST. GAINESVILLE FL 32609</b>
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2. Principal Place of Business <b>10 NW 15<sup>th</sup> STREET</b> Suite, Apt. #, etc.	3. Mailing Address <b>10 NW 15<sup>th</sup> STREET</b> Suite, Apt. #, etc.
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City & State <b>HIGH SPRINGS, FL</b>	City & State <b>HIGH SPRINGS, FL</b>
Zip <b>32643</b>	Zip <b>32643</b>
Country <b>Alachua</b>	Country <b>Alachua</b>

4. FEI Number <b>59-3667585</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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1st MOORE CR2E034 (10/05)



6. Name and Address of Current Registered Agent <b>CASON, WILLIAM J 20223 NE 6TH ST. GAINESVILLE FL 32609</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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: William J. Cason **PRESIDENT** 1/18/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CASON, WILLIAM J 20223 NE 6TH ST. GAINESVILLE FL 32609</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HORNSBY, DONALD S 20223 NE 6TH ST. GAINESVILLE FL 32609</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STEVENSON, AMY L 20223 NE 6TH ST. GAINESVILLE FL 32609</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: William J. Cason **PRESIDENT** 1/18/06 386-454-1150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #