2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000082831

1. Entity Name
CASPER BROKERAGE, INC.

Principal Place of Business	Mailing Address
211 CHIPPEWA	211 CHIPPEWA
TAMPA, FL 33606	TAMPA, FL 33606

01192008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3669717	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASPER, THOMAS B
211 CHIPPEWA
TAMPA, FL 33606

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

FILE NOW!!! FEE IS $150.00 After May 1, 2008 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	02/12/08-80061-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD	
NAME	CASPER, THOMAS B	
STREET ADDRESS	211 CHIPPEWA	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	VP	
NAME	CASPER, LEA ANN	
STREET ADDRESS	211 CHIPPEWA	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE
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 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: _____Thomas B. Casper_____   1-19-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #