

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90119 041 ***150.00

DOCUMENT # P01000027455

1. Entity Name
CASAPELLE, INC.



Principal Place of Business Mailing Address
~~2415 WEST ENGLISH ROAD~~ ~~101 BUSINESS CENTER II~~ **1077 HWY 98 EAST**
~~HIGH POINT, NC 27262~~ ~~DESTIN, FL 32550~~ **SUITE 100**
DESTIN, FL 32541

240121



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~94-3415449~~ **59-3753926** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILKERSON, DEAN
1077 HWY 98 EAST
SUITE 100
DESTIN, FL 32541

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **WILKERSON, DEAN**
STREET ADDRESS **1077 HWY 98 EAST, STE 100**
CITY-ST-ZIP **DESTIN, FL 32541**

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12. I hereby 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 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: *Dean Wilkerson* **DEAN WILKERSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-04
Date

850-837-2520
Daytime Phone #