

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063144

Entity Name: NANCEY CASSALIA, INC.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

6023 NW RELIEF CT.  
PORT ST. LUCIE, FL 34983

## New Principal Place of Business:

## Current Mailing Address:

6023 NW RELIEF CT.  
PORT ST. LUCIE, FL 34983

## New Mailing Address:

FEI Number: 43-2011680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASSALIA, NANCEY  
6023 NW RELIEF CT  
PORT SAINT LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CASSALIA, NANCEY  
Address: 6023 NW RELIEF COURT  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP ( ) Delete  
Name: SMITH, JADE  
Address: 7406 WOODMONT TERRACE # 206  
City-St-Zip: TAMARAC, FL 33321

Title: TRES ( ) Delete  
Name: SPITZNAGEL, ROBERT  
Address: 6023 NW RELIEF COURT  
City-St-Zip: PORT SAINT LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SPITZNAGEL

TRES

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date