

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90134 003 ***150.00

DOCUMENT # P02000066216

1. Entity Name
CASMIN, INC.



Principal Place of Business
**32506 CR 473
LEESBURG, FL 34789**

Mailing Address
**POST OFFICE BOX 895250
LEESBURG, FL 34789**

DO NOT WRITE IN THIS SPACE



02102005- No Chg-P CR2E034 (10/03)

4. FEI Number
04-3690109

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASP, MARCY
33003 KARL CT
LEESBURG, FL 34788**

**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 _____ (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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D, P
NAME	CASP, MARK A
STREET ADDRESS	33003 KARL COURT
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	D
NAME	CASP, JUSTIN
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D
NAME	CASP, NATALIE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S, T
NAME	CASP, MARCY
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Mark A Casp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #