

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066216

Entity Name: CASMIN, INC.

FILED
Mar 21, 2009
Secretary of State

Current Principal Place of Business:

712 DUCK LAKE RD.
LADY LAKE, FL 32159

New Principal Place of Business:

33003 KARLCT
LEESBURG, FL 34788

Current Mailing Address:

P.O. BOX 895250
LEESBURG, FL 34789

New Mailing Address:

FEI Number: 04-3690109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASP, MARCY
33003 KARL CT
LEESBURG, FL 34788 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: D/P () Delete
Name: CASP, MARK A
Address: 33003 KARL COURT
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: CASP, JUSTIN
Address: 4124 NORBECK RD.
City-St-Zip: ROCKVILLE, MD 20853

Title: D () Delete
Name: GOMINGER, NATALIE
Address: 4510 CONKLIN DR.
City-St-Zip: DURHAM, NC 22713

Title: S/T () Delete
Name: CASP, MARCY
Address: 33003 KARL COURT
City-St-Zip: LEESBURG, FL 34788

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:

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: MARK A CASP

D/P

03/21/2009

Electronic Signature of Signing Officer or Director

Date