

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083658

Entity Name: CASON ELECTRIC, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

6342 NW 18TH DRIVE
SUITE #8
GAINESVILLE, FL 32653

New Principal Place of Business:

620 SW COUNTY ROAD 18
HIGH SPRINGS, FL 32643

Current Mailing Address:

6342 NW 18TH DRIVE
SUITE #8
GAINESVILLE, FL 32653

New Mailing Address:

620 SW COUNTY ROAD 18
HIGH SPRINGS, FL 32643

FEI Number: 01-0739182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASON, PENNY S
620 SW COUNTY ROAD 18
HIGH SPRINGS, FL 32643 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: P () Delete
Name: CASON, DENNIS J
Address: 620 SW COUNTY ROAD 18
City-St-Zip: HIGH SPRINGS, FL 32643

Title: ST () Delete
Name: CASON, PENNY S
Address: 620 SW COUNTY ROAD 18
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PENNY S CASON

ST

04/20/2009

Electronic Signature of Signing Officer or Director

Date