### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P02000103728

1. Entity Name

CASHMERE ENTERPRISES, INC.



FILED Apr 11, 2007 08:00 A Secretary of State

Principal Place of Business

2220 4TH AVE S

ST PETERSBURG, FL 33721

Mailing Address

2220 4TH AVE S

ST PETERSBURG, FL 33721



### DO NOT WRITE IN THIS SPACE

04052007 No Chq-P CR2E034 (11/05)

4. FEI Number 37-1443162

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERKINS, DUANE L 2220 4TH AVE S ST PETERSBURG, FL 33721

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

#### FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

**9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

> U00000699357 04/19/07-80039-012 150.00

# DO NOT WRITE IN THIS SPACE

OFFICERS AND DIRECTORS 10. TITLE NAME PERKINS, DUANE L 2220 4TH AVE S STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33721 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 giver like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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727-822-7148

Daytime Phone