

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90007 029 ***150.00

DOCUMENT # P03000021108

1. Entity Name
CASEY CONSTRUCTION OF CENTRAL FL., INC.



Principal Place of Business
**3641 SMITH RD
GROVELAND, FL 34736**

Mailing Address
**3641 SMITH RD
GROVELAND, FL 34736**

54018123



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

38-3671929

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASEY, CATHERINE M
3641 SMITH RD
GROVELAND, FL 34736**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Catherine M. Casey President *Catherine M. Casey*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

3/10/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** ☐ Delete
NAME: **CASEY, CATHERINE M**
STREET ADDRESS: **3641 SMITH RD**
CITY-ST-ZIP: **GROVELAND, FL 34736**

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **P** ☐ Delete
NAME: **CASEY, JAMES T**
STREET ADDRESS: **3641 SMITH RD**
CITY-ST-ZIP: **GROVELAND, FL 34736**

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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:

Catherine M. Casey *Catherine M. Casey* President *3/10/04* (352) 436-6109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #