

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90022 022 ***150.00

DOCUMENT # P03000021108

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



Principal Place of Business
**1101 SINGLETON CIR
GROVELAND, FL 34736**

Mailing Address
**1101 SINGLETON CIR
GROVELAND, FL 34736**

50022479



2. Principal Place of Business

6349 Pompano Dr.

3. Mailing Address

6349 Pompano Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07102006

Chg-P

CR2E034 (11/05)

City & State

Clermont, FL

City & State

Clermont, FL

4. FEI Number

38-3671929

Applied For

Not Applicable

Zip

34714

Country

USA

Zip

34714

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

6349 Pompano Dr.

City

Clermont

FL

Zip Code

34714

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CASEY, CATHERINE M**
STREET ADDRESS **1101 SINGLETON CIRLE**
CITY-ST-ZIP **GROVELAND, FL 34736**

TITLE **P** ☐ Delete
NAME **CASEY, JAMES T**
STREET ADDRESS **1101 SINGLETON CIRCLE**
CITY-ST-ZIP **GROVELAND, FL 34736**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6349 Pompano Dr.**
CITY-ST-ZIP **Clermont, FL 34714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6349 Pompano Dr.**
CITY-ST-ZIP **Clermont, FL 34714**

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 other like empowered.

SIGNATURE:

Catherine Casey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06

(352) 394-0671

Date Daytime Phone #