

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000057928**

1. Entity Name  
C.A.S. IV, INC.



Principal Place of Business  
1701 N. WASHINGTON BLVD.  
SARASOTA, FL 34234

Mailing Address  
1701 N. WASHINGTON BLVD.  
SARASOTA, FL 34234



03042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1167746

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MORAN, JOHN A  
DULAP & MORAN, P.A.  
22 S. LINKS AVE., STE. 300  
SARASOTA, FL 34236

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SPICUZZA, CARY  
1701 N. WASHINGTON BLVD.  
SARASOTA, FL 34234

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
DORE, STEPHEN W  
2558 WATERVIEW CT.  
SARASOTA, FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
SULLIVAN, JOHN M  
1742 PEREGRINE POINT DR.  
SARASOTA, FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
GILL, JAMES A  
4376 GROVELAND AVE  
SARASOTA, FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000671004  
03/28/07-80012-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-12-07*  
Date

Daytime Phone #