

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000140389

1. Entity Name
CASSESSE ENTERPRISES, INC.



Principal Place of Business
**363 SAGEWOOD DRIVE
PORT ORANGE, FL 32127**

Mailing Address
**POST OFFICE BOX 290967
PORT ORANGE, FL 32129-0967**

DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0453698

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASSESSE, RICHARD JR.
363 SAGEWOOD DRIVE
PORT ORANGE, FL 32127**

**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, 2006 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
**D
CASSESSE, RICHARD JR.
363 SAGEWOOD DRIVE
PORT ORANGE, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASSESSE, RICHARD III
363 SAGEWOOD DRIVE
PORT ORANGE, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASSESSE, LISA
363 SAGEWOOD DRIVE
PORT ORANGE, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000521794
05/03/06-80004-010 150.00

**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:

Lisa Cassesse *Lisa Cassesse Sec/Treas* *4-17-06* *386*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *852*
2731