


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90177 033 ***150.00

DOCUMENT # P03000142808

1. Entity Name
CADY HOMES & REMODELING, INC



Principal Place of Business Mailing Address
P O BOX 123 **P O BOX 123**
LAKE CITY, FL 32056 **LAKE CITY, FL 32056**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40078011



04262006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
84-1629162 Not Applicable

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

6. Name and Address of Current Registered Agent

CADY, KATHIE
ROSE CREEK PLANTATION
SW STONERIDGE DR
LAKE CITY, FL 32025

7. Name and Address of New Registered Agent

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CADY, CURT D	
STREET ADDRESS	ROSE CREEK PLANTATION, SW STONERIDGE DR	
CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CADY, MICAH	
STREET ADDRESS	278 WALTER LITTLE RD	
CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CADY, BENJAMIN D	
STREET ADDRESS	1030 SW ROSSBOROUGH CT., APT 102	
CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Curt D Cady* 4-29-06 _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #