


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State


DOCUMENT # P03000144890
 1. Entity Name
 W.M. CASON PAINTING, INC.



Principal Place of Business
 1517 PAMELA ST.
 NOKOMIS, FL 34275

Mailing Address
 1517 PAMELA ST.
 NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-0450576 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CASON, WILLIAM M
 1517 PAMELA ST.
 NOKOMIS, FL 34275

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	CASON, WILLIAM M
STREET ADDRESS	1517 PAMELA ST.
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	V
NAME	CASON, MATTHEW S
STREET ADDRESS	6566 NORTH SALFORD BLVD.
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: William M. Cason  1-27-07 (941) 716-0549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #