

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000144890

Entity Name: W.M. CASON PAINTING, INC.

FILED  
Feb 10, 2012  
Secretary of State

**Current Principal Place of Business:**

1517 PAMELA ST.  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

1517 PAMELA ST.  
NOKOMIS, FL 34275

**New Mailing Address:**

FEI Number: 20-0450576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CASON, WILLIAM M  
Address: 1517 PAMELA ST.  
City-St-Zip: NOKOMIS, FL 34275

Title: V  
Name: CASON, MATTHEW S  
Address: 6566 NORTH SALFORD BLVD.  
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WM CASON

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

02/10/2012

\_\_\_\_\_ Date