

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90105 023 ***550.00

DOCUMENT # P04000004449

1. Entity Name
JEFF CASWELL, INC.



Principal Place of Business
18724 SEAFORD AVENUE
ORLANDO, FL 32820

Mailing Address
P.O. BOX 2174
ORLANDO, FL 32820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07212005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0620152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASWELL, JEFF
18724 SEAFORD AVENUE
ORLANDO, FL 32820

Name

Street Address (P.O. Box Number is Not Acceptable)

20456 QUANTERLY PKWY

City

FL

Zip Code
32833

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

Jeff Caswell

Signature of person or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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	CASWELL, JEFF	
STREET ADDRESS	18724 SEAFORD AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE	S	<input type="checkbox"/> Delete
NAME	CASWELL, JEFF	
STREET ADDRESS	18724 SEAFORD AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASWELL, JEFF	
STREET ADDRESS	18724 SEAFORD AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASWELL, JEFF	
STREET ADDRESS	18724 SEAFORD AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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 exemption stated in Section 119.07(3)(i), 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:

Jeff Caswell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #