

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024894

Entity Name: CASS MANAGEMENT, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

701 S MAIN ST
WILDWOOD, FL 34785 US

New Principal Place of Business:

108 S. 5TH STREET, SUITE 202
LEESBURG, FL 34748 US

Current Mailing Address:

701 S MAIN ST
WILDWOOD, FL 34785 US

New Mailing Address:

108 S. 5TH STREET, SUITE 202
LEESBURG, FL 34748 US

FEI Number: 20-0683274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, GEORGE
1515 E SILVER SPRINGS BLVD
SUITE 128
OCALA, FL 34470 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: CASALASPRO, PASQUALE
Address: 1033 RED SKY RD
City-St-Zip: LADY LAKE, FL 32159 US

Title: V, S () Delete
Name: CASALASPRO, PASQUALE
Address: 1033 RED SKY RD
City-St-Zip: LADY LAKE, FL 32159 US

Title: T () Delete
Name: CASALASPRO, PASQUALE
Address: 1033 RED SKY RD
City-St-Zip: LADY LAKE, FL 32159 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PASQUALE CASALASPRO

P.D.

04/28/2005

Electronic Signature of Signing Officer or Director

Date