


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90211 021 ***158.75

DOCUMENT # P04000024894		
1. Entity Name CASS MANAGEMENT, INC.		

Principal Place of Business 108 S. 5TH STREET, SUITE 202 208 LEESBURG, FL 34748 US	Mailing Address 108 S. 5TH STREET, SUITE 202 208 LEESBURG, FL 34748 US
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04192006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0683274	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ORTIZ, GEORGE 1515 E SILVER SPRINGS BLVD SUITE 128 OCALA, FL 34470		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.

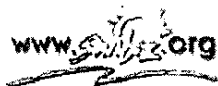
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D CASALASPRO, PASQUALE 1033 RED SKY RD LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, S CASALASPRO, PASQUALE 1033 RED SKY RD LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASALASPRO, PASQUALE 1033 RED SKY RD LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	4/25/06 (352) 728-8842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #



ATTACHMENT
600.32806
Division of Corporations

Annual Report

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Document Number

P04000024894

Business Entity Name

CASS MANAGEMENT, INC.

FEI Number 200683274
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☒ Yes ☐ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 108 S. 5TH STREET, SUITE 202
Suite, Apt. #, etc.
City, State LEESBURG , FL
Zip Code & Country 34748 US

Mailing Address

Address 108 S. 5TH STREET, SUITE 202
Suite, Apt. #, etc.
City, State LEESBURG , FL
Zip Code & Country 34748 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) ORTIZ , GEORGE ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1515 E SILVER SPRINGS BLVD
Suite, Apt. #, etc. SUITE 128
City, State OCALA , FL
Zip Code & Country 34470 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P, D
Name (Last, First, Middle, Title) CASALASPRO PASQUALE

- OR -

Entity Name to serve as
Officer/Director

Street Address 1033 RED SKY RD
City, State LADY LAKE FL
Zip Code & Country 32159 US

Title V, S
Name (Last, First, Middle, Title) CASALASPRO PASQUALE

- OR -

Entity Name to serve as
Officer/Director

Street Address 1033 RED SKY RD
City, State LADY LAKE FL
Zip Code & Country 32159 US

Title T
Name (Last, First, Middle, Title) CASALASPRO PASQUALE

- OR -

Entity Name to serve as
Officer/Director

Street Address 1033 RED SKY RD
City, State LADY LAKE FL
Zip Code & Country 32159 US

Title

ATTACHMENT

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

DP

Officer/Director Signature **Pasquale Casalaspro**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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Document Number

P04000024894

Business Entity Name

CASS MANAGEMENT, INC.

FEI Number

200683274

FEI Number Status**Certificate of Status Desired**

Yes

Election Campaign Financing Trust Fund Contribution No**Principal Place of Business****Address** 108 S. 5TH STREET, SUITE 202**Suite, Apt. #, etc.****City, State** LEESBURG, FL**Zip Code & Country** 34748 US**Mailing Address****Address** 108 S. 5TH STREET, SUITE 202**Suite, Apt. #, etc.****City, State** LEESBURG, FL**Zip Code & Country** 34748 US**Name and Address of Registered Agent****Name (Last, First, Middle, Title)** ORTIZ, GEORGE**Address** 1515 E SILVER SPRINGS BLVD**Suite, Apt. #, etc.** SUITE 128**City, State** OCALA, FL**Zip Code & Country** 34470 US**Registered Agent Signature****Officer/Director Name and Address****Title** P, D**Name (Last, First, Middle, Title)** CASALASPRO, PASQUALE**Street Address** 1033 RED SKY RD**City, State** LADY LAKE, FL**Zip Code & Country** 32159 US



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The charge amount for your filing is \$158.75

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Password

E-mail Address

Sunbiz E-file Account Payment

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Annual Report Help

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P04000024894

Title V, S
Name (Last, First, Middle, Title) CASALASPRO, PASQUALE
Street Address 1033 RED SKY RD
City, State LADY LAKE, FL
Zip Code & Country 32159 US

Title T
Name (Last, First, Middle, Title) CASALASPRO, PASQUALE
Street Address 1033 RED SKY RD
City, State LADY LAKE, FL
Zip Code & Country 32159 US

Title DP
Officer/Director Signature PASQUALE CASALASPRO

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