

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2005-90135-039-\$150.00-\$150.00

FILED


05 JUN 10 PM 2:50

SECRET, NO STATE
TALLAHASSEE, FLORIDA

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04292005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000070788			
1. Entity Name DONALD CASON, INC.			
Principal Place of Business 551 ONEIDA COURT JACKSONVILLE, FL 32225		Mailing Address 551 ONEIDA COURT JACKSONVILLE, FL 32225	
2. Principal Place of Business 215 Pioneer Trail		3. Mailing Address 215 Pioneer Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Green Cove Springs, FL		City & State Green Cove Springs, FL	
Zip 32043 Country U.S.		Zip 32043 Country U.S.	
4. FEI Number 20-1068771		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASON, DONALD B 551 ONEIDA COURT JACKSONVILLE, FL 32225		7. Name and Address of New Registered Agent Name N/A 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 Donald B Cason DATE 4/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CASON, DONALD B 551 ONEIDA COURT JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cason, Donald B 215 Pioneer Trail Green Cove Springs, FL 32043 <input checked="" 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
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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 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: Donald B Cason		Date 4/26/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	