

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000168610**

1. Entity Name  
**CASSEDAY MEDICAL STAFFING CO.**



Principal Place of Business  
8269 SW 100 LAN RD  
OCALA, FL 34481

Mailing Address  
8269 SW 100 LAN RD  
OCALA, FL 34481



02042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1976790**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CASSEDAY, JUANITA  
8269 SW 100 LAN RD  
OCALA, FL 34481

**DO NOT WRITE  
IN THIS SPACE**

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

*Juanita Caseday*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*2-11-05*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                    |
|----------------|--------------------|
| TITLE          | PS                 |
| NAME           | CASSEDAY, JUANITA  |
| STREET ADDRESS | 8269 SW 100 LAN RD |
| CITY-ST-ZIP    | OCALA, FL 34481    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
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| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |

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02/15/05-80021-022 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Juanita Caseday*  
Signature and typed or printed name of signing officer or director

*2-11-05*  
Date

Daytime Phone #