

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90179 036 ***158.75

DOCUMENT # P05000030074

1. Entity Name
M. CASEY, INC.



Principal Place of Business
**331 1ST S.
NAPLES, FL 34102**

Mailing Address
**331 1ST S.
NAPLES, FL 34102**

40054389



2. Principal Place of Business

331 1ST Ave. Sth.

3. Mailing Address

331 1ST Avenue South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052006

Chg-P

CR2E034 (11/05)

City & State
Naples, Florida

City & State
Naples, Florida

4. FEI Number
20-2428851

Applied For
Not Applicable

Zip
34102

Country
USA

Zip
34102

Country
USA

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

6. Name and Address of Current Registered Agent

**CASEY, MICHAEL
311 1ST AVE S
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name **Casey, Michael**

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

331 FIRST AVENUE SOUTH

City **NAPLES**

FL

Zip Code **34102**

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 **Michael Casey X [Signature]**

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

(NOTE: Registered Agent signature required when reinstating)

April 12, 2006

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CASEY, MICHAEL**
STREET ADDRESS **311 1ST AVE S**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director - Registered Agent** ☒ Change ☐ Addition
NAME **Michael Casey**
STREET ADDRESS **331 FIRST AVENUE SOUTH**
CITY-ST-ZIP **NAPLES, FLORIDA 34102**

TITLE **V/S/D/C/M** ☐ Change ☒ Addition
NAME **MICHAEL CASEY**
STREET ADDRESS **331 FIRST AVENUE SOUTH**
CITY-ST-ZIP **NAPLES, FLORIDA 34102**

TITLE **P/T/D/C/M** ☐ Change ☒ Addition
NAME **CHRISTINE LEARN**
STREET ADDRESS **331 FIRST AVENUE SOUTH**
CITY-ST-ZIP **NAPLES, FLORIDA 34102**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Michael Casey X [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2006 239-398-0296

Date

Daytime Phone #

(6296)