

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # P05000034063

1. Entity Name

CASCO'S MARTIAL ARTS, INC.



Principal Place of Business

5100 CHELWYN COURT
ORLANDO, FL 32837

Mailing Address

5100 CHELWYN COURT
ORLANDO, FL 32837



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-2336414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASCO, FIDEL E
5100 CHELWYN COURT
ORLANDO, FL 32837

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

04/22/08-80003-001 150.00
U000000888156

10. OFFICERS AND DIRECTORS

TITLE P
NAME CASCO, FIDEL E
STREET ADDRESS 5100 CHELWYN COURT
CITY-ST-ZIP ORLANDO, FL 32837

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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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/08 (407) 740 1747
Date Daytime Phone #