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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000034098

1. Entity Name
JOHN W. CASSEL, INC.

Principal Place of Business	Mailing Address
413 HEMLOCK STREET SEBRING, FL 33870	413 HEMLOCK STREET SEBRING, FL 33870

2. Principal Place of Business	3. Mailing Address
123 LEONA DRIVE	123 LEONA DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEBRING, FL	City & State: SEBRING, FL
Zip: 33875 Country:	Zip: 33875 Country:

02102006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2436496 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THE NCT GROUP CPA'S, L.L.P.
435 S. COMMERCE AVENUE
SEBRING, FL 33870

7. Name and Address of New Registered Agent

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASSEL, JOHN W 413 HEMLOCK STREET SEBRING, FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	123 LEONA DRIVE SEBRING, FL 33875	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS 7/3/06	☐ Change ☐ 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: John W Cassel — 02/16/06 — 863-381-6231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Per conversation did not receive any notice to