


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90067 035 \*\*\*150.00

<b>DOCUMENT # P05000049709</b> 1. Entity Name <b>CASSWELL, INC.</b>					
Principal Place of Business <b>6915 STATE ROAD 54 NEW PORT RICHEY, FL 34653</b>			Mailing Address <b>6915 STATE ROAD 54 NEW PORT RICHEY, FL 34653</b>		
2. Principal Place of Business - No P.O. Box # <b>491 Hammock Dr.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Palm Harbor Fla.</b>		City & State			
Zip <b>34683</b>		Country		4. FEI Number <b>72-1599792</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BLACKWELL, GARY L 6915 STATE ROAD 54 NEW PORT RICHEY, FL 34653</b>			7. Name and Address of New Registered Agent Name <b>Marty Skapik</b> Street Address (P.O. Box Number is Not Acceptable) <b>491 Hammock Dr.</b> City <b>Palm Harbor</b> <b>FL</b> Zip Code <b>34683</b>		
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 <u>Marty Skapik</u> DATE <u>2/8/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKWELL, GARY L 6915 STATE ROAD 54 NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSON, CHARLES P POST OFFICE BOX 1031 NEW PORT RICHEY, FL 34656	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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.					
<b>SIGNATURE:</b> <u>Marty Skapik - MARTY Skapik</u> <u>2/8/07</u> <u>727-647-1461</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					