

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90217 038 ***158.75

DOCUMENT # P05000077545

1. Entity Name
CASKAR SERVICES, INC.



Principal Place of Business
**11310 S. ORANGE BLOSSOM TRAIL
PMB 136
ORLANDO, FL 32837**

Mailing Address
**11310 S. ORANGE BLOSSOM TRAIL
PMB 136
ORLANDO, FL 32837**

30014263



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-2916632

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKEMA, LESLIE
2905 CARCROSS COURT
ORLANDO, FL 32837**

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

Leslie Barkema

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

(NOTE: Registered Agent signature required when reinstating)

April 18, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BARKEMA, LESLIE
2905 CARCROSS COURT
ORLANDO, FL 32837** ☐ Delete

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

TITLE
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CITY - ST - ZIP
**SEC
BARKEMA, LESLIE
2905 CARCROSS COURT
ORLANDO, FL 32837** ☐ Delete

TITLE
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☐ Change ☐ Addition

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**TRES
ROVI, JULIO
2905 CARCROSS COURT
ORLANDO, FL 32837** ☐ Delete

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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, with all other like empowered.

SIGNATURE:

Leslie Barkema - **LESLIE BARKEMA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2006 **407-574-3521**
Date Daytime Phone #