2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000121598

1. Entity Name
THOMAS CASARELLA, INC.

Principal Place of Business	Mailing Address
3463 SHAWN STREET	3463 SHAWN STREET
PORT CHARLOTTE, FL 33980 US	PORT CHARLOTTE, FL 33980 US

DO NOT WRITE IN THIS SPACE

01172007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-3459139		Not Applicable

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

6. Name and Address of Current Registered Agent

CASARELLA, THOMAS
3463 SHAWN STREET
PORT CHARLOTTE, FL 33980

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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000693987 04/16/07-80061-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASARELLA, THOMAS
STREET ADDRESS	3463 SHAWN STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: *Thomas Casarella*   4/4/07 941-629-3703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #