


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 15, 2006 8:00 am
Secretary of State

03-01-2006 90004 049 ***158.75

DOCUMENT # P05000126789					
1. Entity Name CASCADE LAKE COMPANY, INC.					
Principal Place of Business 650 S. NORTHLAKE BLVD., STE. 450 ALTAMONTE SPRINGS, FL 32701			Mailing Address 650 S. NORTHLAKE BLVD., STE. 450 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3486785	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BIONDO, GERALD J. ESQ. TWO ALHAMBRA PLAZA, PH 1B CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name SALVADOR F. LECCESE Street Address (P.O. Box Number is Not Acceptable) 650 S. NORTHLAKE BLVD. SUITE 450 City ALTAMONTE SPRINGS FL Zip Code 32701		
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><i>[Signature]</i></u> DATE <u>2-17-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> PRESIDENT SALVADOR F. LECCESE <input type="checkbox"/> Delete 650 S. NORTHLAKE BLVD., # 450 ALTAMONTE SPRINGS FL 32701 </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Delete </div>				
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>					
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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: <u><i>[Signature]</i></u>		Date <u>2-17-06</u>		Daytime Phone # <u>407-645-5575</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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ATTACHMENT

66005252

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

CASCADE LAKE CONSTRUCTION COMPANY, INC.
650 S. NORTHLAKE BLVD., STE. 450
ALTAMONTE SPRINGS, FL 32701

Subject: **CASCADE LAKE COMPANY, INC.**

Reference Number:

P05000126789

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION