## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P06000040018**

1. Entity Name

CASÉ PROPERTY MAINTENANCE INC.



**FILED** May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

3853 CHAFFEY DR.

NEW PORT RICHEY, FL 34652

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NEW PORT RICHEY, FL 34652



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 20-4534786 Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASE, RICHARD L. 3853 CHAFFEY DR. NEW PORT RICHEY EL 34652

NEVV ON	(( NONE), ( E 04002		IN.	THIS SPACE
	named entity submits this statement for the gions of registered agent	purpose of changing its register	red office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little	if applicable. (NOTE, Register	ed Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution.	+,	
10.	OFFICERS AND DIRECTORS			
TITLE	PDST CASE, RICHARD L. 3853 CHAFFEY DR. NEW PORT RICHEY, FL 34652			
TITLE NAME				1000000945032

DO NOT WRITE IN THIS SPACE

STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: