



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90247 027 ***150.00

DOCUMENT # P06000109677					
1. Entity Name MICHAEL M. CASEY, INC.					
Principal Place of Business 220 SW 12TH STREET DANIA BEACH, FL 33004			Mailing Address 220 SW 12TH STREET DANIA BEACH, FL 33004		
2. Principal Place of Business - No P.O. Box # 676 WEST PROSPECT RD		3. Mailing Address 676 WEST PROSPECT RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FORT LAUD. FLA		City & State FORT LAUD. FLA		04022008 Chg-P CR2E034 (12/06)	
4. FEI Number 20-5419831		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> 33309 RRWD. <input type="checkbox"/> 33309 BRWD			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASEY, MICHAEL M 220 SW 12TH STREET DANIA BEACH, FL 33004			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASEY, MICHAEL M 220 SW 12TH STREET DANIA BEACH, FL 33004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Michael M Casey</i> MICHAEL M CASEY		954-471-8651			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			