

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000010784

Entity Name: R. CASEY LADD, INC.

FILED
Sep 02, 2008
Secretary of State

Current Principal Place of Business:

4396 SE FRAZIER COURT
STUART, FL 34997

New Principal Place of Business:

3413 SW SAWGRASS VILLAS DRIVE
PALM CITY, FL 34990

Current Mailing Address:

4396 SE FRAZIER COURT
STUART, FL 34997

New Mailing Address:

3413 SW SAWGRASS VILLAS DRIVE
PALM CITY, FL 34990

FEI Number: 20-8542317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNICHOLAS, MICHAEL J
320 W. OCEAN BOULEVARD
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: LADD, CASEY
Address: 4396 SE FRAZIER COURT
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: LADD, CASEY
Address: 3413 SW SAWGRASS VILLAS DRIVE
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CASEY LADD

DPST

09/02/2008

Electronic Signature of Signing Officer or Director

_____ Date