

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008 8:00 am
Secretary of State

07-18-2008 90016 004 ***150.00

DOCUMENT # P07000092636

1. Entity Name
CASSIE'S METICULOUS TOUCH INC



Principal Place of Business
**5800 NW 188TH PLACE
ORANGE LAKE, FL 32681 US**

Mailing Address
**PO BOX 731
ORANGE LAKE, FL 32681 US**

66015920



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

08052008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-173 7938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOSITO, VALERIE J
11570 S US HIGHWAY 441
BELLEVIEW, FL 34420**

7. Name and Address of New Registered Agent

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

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
SMITTY, CASSIE
PO BOX 731
ORANGE LAKE, FL 32681** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
HAHN, MILLI
5800 NW 188TH PLACE PO BOX 731
ORANGE LAKE, FL 32681** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
SMITTY, NELSON
5800 NW 188TH PLACE PO BOX 731
ORANGE LAKE, FL 32681** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

Cassie Smitty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-8

Date

Daytime Phone #