

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-09-2008 90014 034 ***150.00

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1st MOORE CR2E034 (10/07)

| | | | |
|--|---|---|---|
| DOCUMENT # P07000127055 1. Entity Name DONALD CASERTA INC | | | |
| Principal Place of Business 758 SW COLLEGE PARK ROAD PORT ST LUCIE FL 34953 | | Mailing Address 758 SW COLLEGE PARK ROAD PORT ST LUCIE FL 34953 | |
| 2. Principal Place of Business - No P.O. Box # 758 College Park Rd | | 3. Mailing Address 758 College Park Rd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State PSC FLA | | City & State PSC FLA | |
| Zip 34953 | | Zip 34953 | |
| Country USA | | Country USA | |
| 4. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | FEI Number 26-1481450 | |
| 5. Name and Address of Current Registered Agent CASERTA, DONALD 758 SW COLLEGE PARK ROAD PORT ST LUCIE FL 34953 | | 6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when filing change.)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 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 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="text-align: right;"><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 Section 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>Donald Caserta</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: <u>4/22/08</u> <u>272-475-5537</u> <small>Daytime Phone</small> | |