

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000014218

FILED  
Apr 06, 2008  
Secretary of State

Entity Name: CASELLA PROPERTIES, INC.

## Current Principal Place of Business:

205 PARK PLACE DRIVE  
KISSIMMEE, FL 34741

## New Principal Place of Business:

## Current Mailing Address:

205 PARK PLACE DRIVE  
KISSIMMEE, FL 34741

## New Mailing Address:

6270 INDIAN MEADOW STREET  
ORLANDO, FL 32819

FEI Number: 59-3156797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHRISTOPHER, DONALD E  
BARNETT BANK CENTER  
390 N ORANGE AVE  
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete  
Name: CASELLA, PETER J  
Address: 6720 INDIAN MEADOW DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: MRS ( ) Delete  
Name: CASELLA, GINA M  
Address: 6720 INDIAN MEADOW DRIVE  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PETER J CASELLA MD

DR

04/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date