

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000014103

1. Entity Name
CASEY CANTONE, INC.



Principal Place of Business

5630 GRANT ST.
#2
HOLLYWOOD, FL 33021 US

Mailing Address

PO BOX 5304
HOLLYWOOD, FL 33083-5304 US



03052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0391760

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANTONE, CASEY
5630 GRANT STREET #2
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------------------------------------------|-----------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVST CANTONE, CASEY 5630 GRANT STREET #2 HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CANTONE, CASEY 5630 GRANT ST. HOLLYWOOD, FL 33021 |
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IN THIS SPACE**

000000260350
03/12/05-80022-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #