

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000012550

1. Entity Name
CASON, INC.



Principal Place of Business
1119 RIVER OAKS ROAD
JACKSONVILLE, FL 32207

Mailing Address
1119 RIVER OAKS ROAD
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3295830

Applied For:
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASON, SHIRLEY L
1119 RIVER OAKS ROAD
JACKSONVILLE, FL 32207

**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

600027771206
01/29/04--01030--014 **150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
D
CASON, SHIRLEY L
1119 RIVER OAKS ROAD
JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
CASON, CHARLES R
1119 RIVER OAKS RD
JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #



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Document Number

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Business Entity Name

CASON, INC.

FEI Number

593295830

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

1119 RIVER OAKS ROAD

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country

32207

Mailing Address

Address

1119 RIVER OAKS ROAD

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country

32207

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

CASON

SHIRLEY

L

or- RA Business Name

Address

1119 RIVER OAKS ROAD

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country

32207

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



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Document Number

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Business Entity Name

CASON, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name

Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature

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