

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000059738

1. Entity Name
CADMOLD, INC.



Principal Place of Business
6467 PARKLAND DRIVE
SARASOTA, FL 34243

Mailing Address
6467 PARKLAND DRIVE
SARASOTA, FL 34243



06012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0601681

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRITT, ANDREW
6467 PARKLAND DRIVE
SARASOTA, FL 34243

**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
Due by September 14, 2007**

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	PD
NAME	BRITT, ANDREW
STREET ADDRESS	6467 PARKLAND DR
CITY- ST- ZIP	SARASOTA, FL 34243
TITLE	V
NAME	BRITT, MICHAEL
STREET ADDRESS	6467 PARKLAND DRIVE
CITY- ST- ZIP	SARASOTA, FL 34243
TITLE	V
NAME	BRITT, DARREN
STREET ADDRESS	6467 PARKLAND DR
CITY- ST- ZIP	SARASTOA, FL 34243
TITLE	ST
NAME	STULL, VANESSA
STREET ADDRESS	6467 PARKLAND DR
CITY- ST- ZIP	SARSOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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06/04/07-80002-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-07

941-753-9900