

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000030767

Entity Name: CASON & CO., INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

12100 LEM TURNER RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

PO BOX 28249
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-3371707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASON, JAMES A
12576 DUNRAVEN TRAIL
JACKSONVILLE, FL 32223 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: PD () Delete
Name: CASON, JAMES A
Address: 12576 DUNRAVEN TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: STD () Delete
Name: CASON, SALLY A
Address: 12576 DUNRAVEN TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: PETTY, HENRIETTA
Address: 44170 WOODLAND AVE
City-St-Zip: CALLAHAN, FL 32011

Title: D () Change (X) Addition
Name: MOORE, CAROL L
Address: 4447 CHASEWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES A CASON

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04/21/2005

Electronic Signature of Signing Officer or Director

Date