

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000030767

Entity Name: CASON & CO., INC.

FILED
Apr 18, 2006
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:

CASON, JAMES A
1107 SOUTH 1ST STREET
UNIT E
JACKSONVILLE, FL 32250 US

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: JAMES A CASON JR

04/18/2006

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASON, JAMES A JR
Address: 1107 SOUTH 1ST STREET UNIT E
City-St-Zip: JACKSONVILLE, FL 32250

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 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: JAMES A CASON JR

PD

04/18/2006

Electronic Signature of Signing Officer or Director

Date