

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P96000038220

1. Entity Name
CAGE-MASTERS, INC.



Principal Place of Business
**7510 LAUDEN DR
LAKE WORTH, FL 33461**

Mailing Address
**P.O. BOX 541356
GREENACRES, FL 33454 US**



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0663689	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, TOM
7510 LAUDEN DR.
LAKE WORTH, FL 33461**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000850959
03/25/08-80019-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, TOM
STREET ADDRESS	7510 LAUDEN DR.
CITY-ST-ZIP	LAKE WORTH, FL 33461
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 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

3/4/08 561-965-3466
Date Daytime Phone #