

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P97000009631

1. Entity Name  
CASON'S PROPERTY MAINTENANCE, INC.



**FILED**  
May 03, 2004 08:00 AM  
Secretary of State

Principal Place of Business  
3020 NW 67 STREET  
MIAMI, FL 33147

Mailing Address  
3020 NW 67 STREET  
MIAMI, FL 33147



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0748921

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CASON, ARTHUR L  
3020 NW 67 STREET  
MIAMI, FL 33147

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

U00000152894  
05/04/04-80104-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASON, ARTHUR L
STREET ADDRESS	3020 NW 67 STREET
CITY - ST - ZIP	MIAMI, FL 33147
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)(f), 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:

*Arthur L. Cason*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04  
Date

786-256-3137  
Daytime Phone #