

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90005 030 ***150.00

50003576



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3540386** Applied For
~~50-3540386~~ Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

CASAGRANDE, MICHAEL
11923 SR 574
SEFFNER, FL 33584

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CASAGRANDE, MICHAEL
STREET ADDRESS 11923 SR 574
CITY-ST-ZIP SEFFNER, FL 33584

TITLE D
NAME CASAGRANDE, PIERRE
STREET ADDRESS 118 PHILLIPS DR
CITY-ST-ZIP SEFFNER, FL 33584

TITLE S
NAME DE LA FUENTE, ANNE
STREET ADDRESS 4022 LAKE DR
CITY-ST-ZIP SEFFNER, FL 33584

TITLE T
NAME CASAGRANDE, JOSETTE
STREET ADDRESS 118 PHILLIPS DR
CITY-ST-ZIP SEFFNER, FL 33584

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)(i), 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

1-5-05

Date

913 654-7752

Daytime Phone #