

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90058 047 ***150.00

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1. Entity Name

CASON'S INSTALLATIONS INCORPORATED



Principal Place of Business

7642 CONTOUR DR.
JACKSONVILLE FL 32205

Mailing Address

7642 CONTOUR DR.
JACKSONVILLE FL 32205



2. Principal Place of Business

150 JUNIOR Lake trail
Suite, Apt. #, etc.

3. Mailing Address

150 JUNIOR Lake trail
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Interlachen

City & State

Interlachen

4. FEI Number

59-3494945

Applied For

Not Applicable

Zip

32148

Country

Putnam

Zip

32148

Country

Putnam

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASON, KENNETH L
7642 CONTOUR DR.
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name

CASON, Kenneth L.

Street Address (P.O. Box Number is Not Acceptable)
150 JUNIOR Lake trail

City

Interlachen

FL

Zip Code
32148

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

Kenneth L. CASON

Kenneth L. Cason

1-30-06

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CASON, KENNETH
STREET ADDRESS 7642 CONTOUR DR
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE V ☒ Delete
NAME CASON, KENNETH L
STREET ADDRESS 7642 CONTOUR DR
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE S ☐ Delete
NAME CASON, MARY
STREET ADDRESS 7642 CONTOUR DR
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME CASON, Kenneth L.
STREET ADDRESS 150 JUNIOR Lake trail
CITY-ST-ZIP Interlachen, FL 32148

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME CASON, MARY A.
STREET ADDRESS 150 JUNIOR Lake trail
CITY-ST-ZIP Interlachen, FL 32148

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kenneth L. Cason

1-30-06

386-684-3679