

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90300 033 ***150.00

DOCUMENT # P98000068570					
1. Entity Name CASEY CARS, INC.					
Principal Place of Business 5750 SAMUEL STREET SARASOTA, FL 34233			Mailing Address 5750 SAMUEL STREET SARASOTA, FL 34233		
2. Principal Place of Business 505 Simmons Ave Suite, Apt. #, etc.		3. Mailing Address 505 Simmons Ave Suite, Apt. #, etc.		50011692 	
City & State Sarasota, Fl		City & State Sarasota, Fl		4. FEI Number 65-0855255	
Zip 34232-1715		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLINE, WILLIAM J 7257 N. SERENOA SARASOTA, FL 34241			7. Name and Address of New Registered Agent Name <u>Deanna S Jared</u> Street Address (P.O. Box Number is Not Acceptable) <u>505 Simmons Ave</u> City <u>Sarasota</u> <u>FL</u> <u>34232</u>		
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 <u>Deanna S Jared</u> 02/10/2006 <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CLINE, WILLIAM J STREET ADDRESS 7257 N SERENOA CITY-ST-ZIP SARASOTA, FL 34241	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CLINE, CLARENCE F STREET ADDRESS 3114 SARALAKE DRIVE NORTH CITY-ST-ZIP SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME OLIVER, JOANN M STREET ADDRESS 7257 N SERENOA DRIVE CITY-ST-ZIP SARASOTA, FL 34241	<input checked="" type="checkbox"/> Delete		TITLE S NAME Caren C Sheanshang STREET ADDRESS 1090 E Hickory Ct CITY-ST-ZIP Alexandria, KY 41001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Caren C Sheanshang</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Caren C Sheanshang Date <u>4/7/06</u> Daytime Phone # <u>859-694-1667</u>		