

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 16 PM 4:16

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|--|---|---|--|---|--|
| DOCUMENT # P99000013748 1. Entity Name CASSIA ENGINEERED PRODUCTS CORPORATION | | | |  | |
| Principal Place of Business 5601 N TINDALE RD PLANT CITY, FL 33565 US | | | Mailing Address 5601 NORTH TINDALE ROAD PLANT CITY, FL 33565 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 06112008 Chg-P CR2E034 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-3559954 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent BRADY, N PAULETTE 5601 N TINDALE RD PLANT CITY, FL 33565 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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: <i>A. Paulette Brady</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE: <i>6/10/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Amended AR is \$61.25 | | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P BRADY, N P 5601 N TINDALE RD PLANT CITY, FL 33565 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200131447442 06/18/08--01037--008 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BRADY, TRACY M 5601 N. TINDALE RD PLANT CITY, FL 33565 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS Brady, Tracy M. 5601 N. Tindale Rd. Plant City, FL 33565 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST KELLEY, LINDA A 5601 N. TINDALE RD PLANT CITY, FL 33565 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T F. Guy Roebuck, Jr. 5601 N. Tindale Rd. Plant City, FL 33565 <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 | |
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| 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: <i>A. Paulette Brady</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | N. Paulette Brady 6/10/2008 (813) 643-9696 <small>Date Daytime Phone #</small> | | |

6/16/08