

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90174 039 ***150.00

DOCUMENT # F91902

1. Entity Name
CASUAL LINE CORP.



40010000

Principal Place of Business
**1065 E STORY RD.
WINTER GARDEN, FL 34787**

Mailing Address
**1065 E STORY RD.
WINTER GARDEN, FL 34787**



DO NOT WRITE IN THIS SPACE

02162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2219394

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAGNUSON, JAMES A
9844 LAUREL DRIVE
WINDERMERE, FL 34786**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CROFOOT, FRANCES
STREET ADDRESS	8823 BAY HILL BLVD
CITY-ST-ZIP	ORLANDO, FL
TITLE	ST
NAME	CROFOOT, KROY
STREET ADDRESS	9903 GIFFEN CT.
CITY-ST-ZIP	WINDERMERE, FL
TITLE	V
NAME	MAGNUSON, JAMES A.
STREET ADDRESS	9844 LAUREL DRIVE
CITY-ST-ZIP	WINDERMERE, FL
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #