

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F91902

Entity Name: CASUAL LINE CORP.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

1065 E STORY RD.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

1065 E STORY RD.
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 59-2219394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CROFOOT, FRANCES
Address: 8823 BAY HILL BLVD
City-St-Zip: ORLANDO, FL

Title: ST () Delete
Name: CROFOOT, KROY
Address: 9903 GIFFEN CT.
City-St-Zip: WINDERMERE, FL

Title: V () Delete
Name: MAGNUSON, JAMES A.
Address: 9844 LAUREL DRIVE
City-St-Zip: WINDERMERE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KROY CROFOOT

ST

04/27/2009

Electronic Signature of Signing Officer or Director

Date