

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F91902

Entity Name: CASUAL LINE CORP.

**FILED**  
**Mar 19, 2011**  
**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: F J CROFOOT REV TRUST  
Address: 8823 BAY HILL BLVD  
City-St-Zip: ORLANDO, FL 32811

Title: ST  
Name: CROFOOT, KROY E  
Address: 9903 GIFFEN CT.  
City-St-Zip: WINDERMERE, FL 34786

Title: V  
Name: MAGNUSON, JAMES A  
Address: 9844 LAUREL DRIVE  
City-St-Zip: WINDERMERE, FL 34786

I hereby 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 all other like empowered.

SIGNATURE: KROY CROFOOT

ST

03/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date