

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F91902

**Entity Name:** CASUAL LINE CORP.

**Current Principal Place of Business:**

1065 E STORY RD.  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

1065 E STORY RD.  
WINTER GARDEN, FL 34787

**FEI Number:** 59-2219394

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            FRANCES J CROFOOT  
Address        8823 BAY HILL BLVD  
City-State-Zip: ORLANDO FL 32811

Title            VP, SECRETARY, TREASURER,  
DIRECTOR  
Name            CROFOOT, KROY E  
Address        9903 GIFFEN CT.  
City-State-Zip: WINDERMERE FL 34786

Title            VP, ASST. SECRETARY, DIRECTOR  
Name            MAGNUSON, JAMES A  
Address        9844 LAUREL DRIVE  
City-State-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 E CROFOOT

**DIRECTOR**

**02/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date