

2023 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	VP, SECRETARY, TREASURER, DIRECTOR
Name	CROFOOT, KROY E
Address	9903 GIFFIN 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: CROFOOT, KROY E

VICE PRESIDENT

04/27/2023

Electronic Signature of Signing Officer/Director Detail_____
Date