

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F60073

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: CASUAL WAY, INC.

**Current Principal Place of Business:**

18580 HWY 27  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

18580 HWY 27  
LAKE WALES, FL 33853 US

**New Mailing Address:**

FEI Number: 59-2272247      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SULLINS, RONALD  
14 CARSON AVENUE  
BABSON PARK, FL 33827 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: PRES ( ) Delete  
Name: SULLINS, RONALD D  
Address: 14 CARSON AVENUE  
City-St-Zip: BABSON PARK, FL 33827

Title: S ( ) Delete  
Name: SULLINS, SANDRA  
Address: 14 CARSON AVENUE  
City-St-Zip: BABSON PARK, FL 33827

Title: T ( ) Delete  
Name: SULLINS, RONALD  
Address: 14 CARSON AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: V.P. (X) Delete  
Name: SULLINS, JOSEPH C  
Address: 819 BRENTWOOD DRIVE  
City-St-Zip: LAKE WALES, FL 33898

**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:

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: RON SULLINS

PRES

04/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date