2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM DOCUMENT # G56657 **Secretary of State** 1. Entity Name FLORIDA CASUAL, INC. Principal Place of Business Mailing Address 2500 WEST LAKE MARY BLVD. 2500 W. LAKE MARY BLVD. LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied for 59-2383184 Not Applicable Zip Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALTHER, PATRICK B. Street Address (P.O. Box Number is Not Acceptable) 2500 W. LAKE MARY BLVD. SUITE 111 LAKE MARY FL 32746 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed mane of registered agent and title if applicable (NOTE Registered Agent aignature required when rousidary) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May 8c Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. LILLE VD Delete 7133 F ☐ Change ☐ AA(***) NAME WALTHER, PATRICK B. MAME 1100000417052 02/13/06-80039-025 150,80 STREET ADDRESS 2500 W. LAKE MARY BLVD., SUITE 111 STREET ADORESS CITY-ST-ZIP CTTY-SI-ZIP LAKE MARY FL TITLE ۷D Delete Change Admin. NAM WALTHER, ROBERT NAME 2500 W. LAKE MARY BLVD., SUITE 111 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP LAKE MARY FL CHY-ST-28P ☐ Ωefete ☐ Change Addiss NAME WALTHER, DOROTHY B NAME STREET ADDRESS 2500 W. LAKE MARY BLVD., SUITE 111 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE ☐ Addiss Delete BUE Change NAME STREET ADDRESS STREET AUDRESS CHY-SI-ZP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2/1/06

FILED