


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90029 016 ***150.00

DOCUMENT # G56657	
1. Entity Name FLORIDA CASUAL, INC.	

Principal Place of Business 2500 WEST LAKE MARY BLVD. SUITE 111 LAKE MARY FL 32746 US	Mailing Address 2500 W. LAKE MARY BLVD. SUITE 111 LAKE MARY FL 32746 US
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2. Principal Place of Business - No P.O. Box # 2500 West Lake Mary Blvd.	3. Mailing Address 2500 West Lake Mary Blvd.
Suite, Apt. #, etc. Suite 113	Suite, Apt. #, etc. Suite 113

City & State Lake Mary FL	City & State Lake Mary, FL
Zip 32746	Zip 32746
Country USA	Country USA



1st MOORE CR2E034 (10/06)

4. FEI Number 59-2383184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTHER, PATRICK B. 2500 W. LAKE MARY BLVD. SUITE 111 LAKE MARY FL 32746	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City -- FL 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 Patrick B. Walther DATE 3/6/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD WALTHER, PATRICK B. 2500 W. LAKE MARY BLVD., SUITE 111 LAKE MARY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD WALTHER, ROBERT 2500 W. LAKE MARY BLVD., SUITE 111 LAKE MARY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WALTHER, DOROTHY B 2500 W. LAKE MARY BLVD., SUITE 111 LAKE MARY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: Patrick B. Walther DATE 3/6/07 DAYTIME PHONE # 407 330 5980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR