2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 11, 2008 8:00 am Secretary of State DOCUMENT # G56657 1. Entity Name 04-11-2008 90043 018 ***150.00 FLORIDA CASUAL, INC. Principal Place of Business Mailing Address 2500 WEST LAKE MARY BLVD. 2500 WEST LAKE MARY BLVD. **SUITE 113** LAKE MARY FL 32746 US LAKE MARY FL 32746 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-2383184 Not Applicable Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATRICL Walthe WALTHER, PATRICK B. Street Address (P.O. Box Number is Not Acceptable) 2500 West We Mary Blud 2500 W. LAKE MARY BLVD. SUITE 111 LAKE MARY FL 32746 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registrilled Agent eight-turn required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Derete THEF Change ■ Addition TITLE MAME WALTHER, PATRICK B. NAME STREET ADDRESS 2500 W. LAKE MARY BLVD., SUITE 111 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL ۷D THLE Delete TITLE Change ☐ Addition NAME WALTHER, ROBERT MARAE 2500 W. LAKE MARY BLVD., SUITE 111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY FL CITY-ST-ZIP THLE ☐ Delete Change ☐ Addition MAME WALTHER, DOROTHY B STREET ADORESS STREET ADDRESS 2500 W. LAKE MARY BLVD., SUITE 111 CITY-ST-ZIP LAKE MARY FL COY-ST-ZIP MLE ☐ Delete THE ☐ Change ☐ Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F ☐ Deiete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS PRY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS OffY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the examptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and trial my signature shall have the same legal effect as if made under call); 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.

FILED