

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H90787

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: CASEY COLEMAN'S, INC.

**Current Principal Place of Business:**

2216 BARLAD DRIVE  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

2216 BARLAD DRIVE  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

FEI Number: 59-2627500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLEMAN, CLARA J.  
2216 BARLAD DR  
JACKSONVILLE, FL 322109247 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: DP ( ) Delete  
Name: COLEMAN, CLARA J.,  
Address: 2216 BARLAD DR  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: COLEMAN, CLARA J.,  
Address: 2216 BARLAD DR  
City-St-Zip: JACKSONVILLE, FL 32210 US

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: CLARA J. COLEMAN

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date