2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # K82653

1. Entity Name
CASUAL LIVING U.S.A., INC.

Principal Place of Business	Mailing Address
5401 HANGAR CT. TAMPA, FL 33634	5401 HANGAR CT. TAMPA, FL 33634

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2948796
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOGGS, E. JACKSON
501 EAST KENNEDY BLVD. SUITE 1700
TAMPA, FL 33602

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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 _____ DATE
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000234834
02/18/05-80030-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRANZBLAU, ROBERT M.
STREET ADDRESS	5401 HANGAR COURT
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	HILL, FRANK H
STREET ADDRESS	5401 HANGAR CT
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	LEOPOLD, GERALD
STREET ADDRESS	5401 HANGAR CT
CITY-ST-ZIP	TAMPA, FL
TITLE	VD
NAME	FRANZBLAU, JO Z
STREET ADDRESS	5401 HANGAR CT
CITY-ST-ZIP	TAMPA, FL
TITLE	SD
NAME	FRANZBLAU, CARLO
STREET ADDRESS	5401 HANGAR CT
CITY-ST-ZIP	TAMPA, FL
TITLE	TD
NAME	DORR, ALIX
STREET ADDRESS	5401 HANGAR CT
CITY-ST-ZIP	TAMPA, FL

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ (813) 884-6344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #