

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # K82653

1. Entity Name

CASUAL LIVING U.S.A., INC.



Principal Place of Business

5401 HANGAR CT.
TAMPA, FL 33634

Mailing Address

5401 HANGAR CT.
TAMPA, FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006

Chg-P

CR2E034 (11/05)

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

1000000387037

01/19/06-80023-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FRANZBLAU, ROBERT M.
STREET ADDRESS 5401 HANGAR COURT
CITY-ST-ZIP TAMPA, FL

TITLE V ☐ Delete
NAME HILL, FRANK H
STREET ADDRESS 5401 HANGAR CT
CITY-ST-ZIP TAMPA, FL

TITLE V ☒ Delete
NAME LEOPOLD, GERALD
STREET ADDRESS 5401 HANGAR CT
CITY-ST-ZIP TAMPA, FL

TITLE VD ☐ Delete
NAME FRANZBLAU, JO Z
STREET ADDRESS 5401 HANGAR CT
CITY-ST-ZIP TAMPA, FL

TITLE SD ☐ Delete
NAME FRANZBLAU, CARLO
STREET ADDRESS 5401 HANGAR CT
CITY-ST-ZIP TAMPA, FL

TITLE TD ☐ Delete
NAME DORR, ALIX
STREET ADDRESS 5401 HANGAR CT
CITY-ST-ZIP TAMPA, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME ALIX FRANZBLAU
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #