2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008089

P.O. BOX 20364

TAMPA, FL 33622

Address:

City-St-Zip:

FILED Apr 16, 2007 Secretary of State

Entity Nar	me: CASUAL F	ROG, INC.				
Current Principal Place of Business:			New Princi	New Principal Place of Business:		
P.O. BOX 20364 TAMPA, FL 33622 Current Mailing Address:				3707 GOLDEN EAGLE DRIVE LAND O LAKES, FL 34639		
			New Mailing Address:			
P.O. BOX : TAMPA, FI						
FEI Number:		FEI Number Applied For ()	FEI Number Not Applic	able (X)	Certificate of Status Desired (X)	
Name and	Address of C	ırrent Registered Agent:	Name and A	Address of I	New Registered Agent:	
3707 GOLL LAND O LA	THOMAS P DEN EAGLE DR AKES, FL 3463 named entity set of Florida.	9 US	urpose of changing its	registered o	office or registered agent, or bot	:h,
SIGNATUR	RE:					
	Electroni	c Signature of Registered Age	nt		Date	_
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES () COLGAN, THOM P.O. BOX 20364 TAMPA, FL 336		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	SEC () SIMONS, KARL P.O. BOX 20364 TAMPA, FL 336		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name:	TREA ()	Delete .EEN		TREA (X BOYKINS, MIC	C) Change ()Addition CHAEL	

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

P.O. BOX 20364

TAMPA, FL 33622

SIGNATURE: KARL SIMONS SEC 04/16/2007