2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P02000037666

1. Entity Name
CASEY'S CUTS, INC.

Principal Place of Business	Mailing Address
16385 NW 112 CT REDDICK, FL 32686	16385 NW 112 CT REDDICK, FL 32686

03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1535683
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASEY, ERIC
16385 NW 112 CT
REDDICK, FL 32686

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be $550.00

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

000000869104
04/09/08-80036-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASEY, ERIC
STREET ADDRESS	16385 NW 112 CT
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	ST
NAME	CASEY, CARRIE
STREET ADDRESS	16385 NW 112 CT
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	V
NAME	MOBERG, DON
STREET ADDRESS	16600 NW 112 CT
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/20/08 352 624 3576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #