2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90416 023 ***150.00

DOCUMENT # P94000060132

1. Entity Name
CASEY-MAR, INC.

Principal Place of Business	Mailing Address
2605 66TH ST CIR W BRADENTON, FL 34209	2605 66TH ST CIR W BRADENTON, FL 34209

04122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6859 WAGON WHEEL CIR	6859 WAGON WHEEL CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34243 Country	Zip: 34243 Country

4. FEI Number: 65-0500843 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEEMSTRA, CORNELIUS 2605 66TH ST CIR W BRADENTON, FL 34203	Name: STEPHANIE FOX Street Address (P.O. Box Number is Not Acceptable): 6859 WAGON WHEEL CIR City: SARASOTA, FL Zip Code: 34243

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: ✓ Stephanie A Fox 4-17-04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HEEMSTRA, CORNELIUS 5302 72ND STREET EAST BRANDENTON, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FOX, STEPHANIE 6859 WAGON WHEEL CIR SARASOTA, FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FOX, JAMIE 6859 WAGON WHEEL CIR SARASOTA, FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ✓ Stephanie A Fox 4-17-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #