



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90176 046 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # P94000060132 1. Entity Name CASEY-MAR, INC. | | | |  | |
| Principal Place of Business 6859 WAGON WHEEL CIR SARASOTA, FL 34243 | | | Mailing Address 6859 WAGON WHEEL CIR SARASOTA, FL 34243 | | |
| 2. Principal Place of Business 6820 71ST ST EAST | | 3. Mailing Address 7282 SSTH AVE EAST | |  03162005 Chg-P CR2E034 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. PMB # 241 | | | |
| City & State BRADENTON, FL | | City & State BRADENTON, FL | | | |
| Zip 34203 | | Zip 34203 | | | |
| Country USA | | Country USA | | 4. FEI Number 65-0500843 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FOX, STEPHANIE 6859 WAGON WHEEL CIR SARASOTA, FL 34243 | | | 7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ 6820 71ST ST EAST City BRADENTON FL Zip Code 34203 | | |
| 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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FOX, STEPHANIE 6859 WAGON WHEEL CIR SARASOTA, FL 34243 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FOX, JAMIE 6859 WAGON WHEEL CIR SARASOTA, FL 34243 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PETE KELLEY 1020 136TH ST NE BRADENTON, FL 34212 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Stephanie K Fox</u> 3-28-05 941-365 1155 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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