

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000060132 1. Entity Name CASEY-MAR, INC.	
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Principal Place of Business 6820 71ST ST EAST BRADENTON, FL 34203	Mailing Address 7282 55TH AVE EAST PMB # 241 BRADENTON, FL 34203
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03122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0500843	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOX, STEPHANIE 6820 71ST ST EAST BRADENTON, FL 34203
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**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 _____
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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HEEMSTRA, CORNELIUS 5302 72ND STREET EAST BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOX, STEPHANIE 6820 71ST ST EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOX, JAMIE 6820 71ST ST EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLEY, PETE 1020 136TH ST NE BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000488542
04/17/06-80011-004 150.00

**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:

JAMIE FOX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-06 941-355-1155