

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P94000060132

1. Entity Name
CASEY-MAR, INC.



Principal Place of Business
**6820 71ST ST EAST
BRADENTON, FL 34203**

Mailing Address
**7282 55TH AVE EAST
PMB # 241
BRADENTON, FL 34203**



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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:

**FOX, STEPHANIE
6820 71ST ST EAST
BRADENTON, FL 34203**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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03/13/07-80093-009 150.00

**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: *Stephanie Fox*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.1.07 941-365-1155