


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000047018		
1. Entity Name CASUAL ROOM, INC.		

Principal Place of Business 7235 ZAPATA DR. JACKSONVILLE FL 32210 US	Mailing Address 7235 ZAPATA DR. JACKSONVILLE FL 32210 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent AMBERGER, BUTCH 7235 ZAPATA DR. JACKSONVILLE FL 32210	
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4. FEI Number 59-3323880	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AMBERGER, BUTCH W 7235 ZAPATA DR. JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000226406 02/12/05-80014-024 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *W. Butch Amberger* **W. BUTCH AMBERGER** 2/5/05 (904) 502-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #