

2004 FLORIDA CORPORATION ANNUAL REPORT

DOCUMENT # P97000067182

1. Entity Name
CASEY'S BASEBALL DEPOT, INC.



FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90025 019 ***150.00

Principal Place of Business
5850 EDGEWATER DR
ORLANDO, FL 32810 US

Mailing Address
5850 EDGEWATER DR
ORLANDO, FL 32810 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3492468

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

KETCHERSID, TIFFANY
3018 EXPOSITION DRIVE
ORLANDO, FL 32810

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PT
KETCHERSID, TIFFANY
3018 EXPOSITION DRIVE
ORLANDO, FL 32810

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
FAUGHN, LAURA
3018 EXPOSITION DRIVE
ORLANDO, FL 32810

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
FAUGHN, O'NEIL
3018 EXPOSITION DRIVE
ORLANDO, FL 32810

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CASEY O. FAUGHN
5850 Exposition Ave
Orlando FL 32810 Treasurer

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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: Laura Faughn LAURA FAUGHN 2/23/04 407290-0045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #