

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000067182

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



**FILED
Mar 08, 2006 8:00 am
Secretary of State**

03-08-2006 90184 037 ***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

P.O. Box 1861

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sanford FL

Zip

Zip

32772 USA

Country

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

KETCHERSID, TIFFANY
3100 EXPOSITION AVE
ORLANDO, FL 32810

Name

Street Address (P.O. Box Number is Not Acceptable)

1520 Madison Ivy Circle

City

Apopka

FL

Zip Code

32712

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

Tiffany Ketchersid

3/4/06

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KETCHERSID, TIFFANY 3018 EXPOSITION DRIVE ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAUGHN, LAURA 3018 EXPOSITION DRIVE ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAUGHN, O'NEIL 3018 EXPOSITION DRIVE ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAUGHN, CASEY O 5850 EXPOSITION AVE ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: *Reena Faughn LAURA FAUGHN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06 4072921195
Date Daytime Phone #