

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S93218

Entity Name: COURT CASUALS, INC.

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

5355 TOWN CENTER ROAD
SUITE 1003
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

5355 TOWN CENTER ROAD
SUITE 1003
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 65-0299846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUKOW, ALLEN
2845 BANYAN BLVD CIRCLE
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SHUKOW, ALLEN
17877 LAKE AZURE WAY
BOCA RATON, FL 33496 US

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.

SIGNATURE:

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHUKOW, ALLEN,
Address: 2845 BANYAN BLVD CIRCLE
City-St-Zip: BOCA RATON, FL 33431

Title: V () Delete
Name: SHEA, MICHAEL
Address: 73 MASTERS COMMON S
City-St-Zip: QUEENSBURY, NY 12804

Title: ST () Delete
Name: SHUKOW, DONNA
Address: 2845 BANYAN BLVD CIRCLE
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHUKOW, ALLEN,
Address: 17877 LAKE AZURE WAY
City-St-Zip: BOCA RATON, FL 33496

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: SHUKOW, DONNA
Address: 17877 LAKE AZURE WAY
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN SHUKOW

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date