

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 23, 2007 08:00 AM  
Secretary of State

DOCUMENT # 228543

1. Entity Name  
CASSENS GROVE SERVICE INC



Principal Place of Business  
P O BOX 613  
KINGS HWY  
FORT PIERCE, FL 34954-0613

Mailing Address  
P O BOX 613  
KINGS HWY  
FORT PIERCE, FL 34954-0613



02082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0853129

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASSENS, STEVEN D.  
1876 S SHINN RD.  
FORT PIERCE, FL 33450

**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

U00000644617  
03/02/07-80049-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASSENS, SUSAN B 1876 S SHINN RD. FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIXON, CATHERINE CASS 1998 SHINN RD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASSENS, SUSAN B. 1876 SHINN RD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSENS, STEVEN D 1876 SHINN RD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07

Date

772-461-4615

Daytime Phone #