

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 228543

FILED
Apr 08, 2009
Secretary of State

Entity Name: CASSENS GROVE SERVICE INC

Current Principal Place of Business:

P O BOX 613
KINGS HWY
FORT PIERCE, FL 349540613

New Principal Place of Business:

3180 N KINGS HWY
FORT PIERCE, FL 34951

Current Mailing Address:

P O BOX 613
KINGS HWY
FORT PIERCE, FL 349540613

New Mailing Address:

P O BOX 613
FORT PIERCE, FL 349540613

FEI Number: 59-0853129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CASSENS, STEVEN D.
1876 S SHINN RD.
FORT PIERCE, FL 34945 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: STEVEN D CASSENS

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CASSENS, SUSAN B
Address: 1876 S SHINN RD.
City-St-Zip: FORT PIERCE, FL 34945

Title: S () Delete
Name: DIXON, CATHERINE CASS
Address: 1998 SHINN RD
City-St-Zip: FORT PIERCE, FL 34945

Title: T () Delete
Name: CASSENS, SUSAN B.
Address: 1876 SHINN RD
City-St-Zip: FORT PIERCE, FL 34945

Title: P () Delete
Name: CASSENS, STEVEN D
Address: 1876 SHINN RD
City-St-Zip: FORT PIERCE, FL 34945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CASSENS, SUSAN B
Address: 1876 S SHINN RD.
City-St-Zip: FORT PIERCE, FL 34945

Title: S (X) Change () Addition
Name: DIXON, CATHERINE C
Address: 1998 SHINN RD
City-St-Zip: FORT PIERCE, FL 34945

Title: T (X) Change () Addition
Name: CASSENS, SUSAN B
Address: 1876 SHINN RD
City-St-Zip: FORT PIERCE, FL 34945

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

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: STEVEN D CASSENS

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date