


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90013 017 ***558.75

DOCUMENT # K71970	
1. Entity Name CASSELBERRY GARDENS, INC.	

Principal Place of Business 80 TRIPLET LAKE DRIVE CASSELBERRY, FL 32707	Mailing Address P. O. BOX 2 CASSELBERRY, FL 32718 US
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2. Principal Place of Business 700 SOUTH LOST LAKE LANE	3. Mailing Address P.O. BOX 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CASSELBERRY, FLORIDA	City & State CASSELBERRY, FLORIDA
Zip 32707	Zip 32718
Country USA.	Country USA.



09022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CASSELBERRY, JOHN N 80 TRIPLET LAKE DRIVE CASSELBERRY, FL 32707		7. Name and Address of New Registered Agent Name JOHN N. CASSELBERRY Street Address (P.O. Box Number is Not Acceptable) 700 SOUTH LOST LAKE LANE City CASSELBERRY, FL Zip Code 32707	
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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 *John N. Casselberry* **JOHN N. CASSELBERRY, P.S.D., SEPTEMBER 3, 2004**
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when re-stating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CASSELBERRY, JOHN N 80 TRIPLET LAKE DRIVE CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.D. CASSELBERRY, JOHN N. 700 SOUTH LOST LAKE LANE CASSELBERRY, FLORIDA 32707 <input checked="" 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
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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 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: *John N. Casselberry* **JOHN N. CASSELBERRY, P.S.D., 9/9/2004, (407) 699-7199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #