2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L22156

Entity Name: CASSELBERRY RESTAURANTS, INC.

Current Principal Place of Business:

405 E. STRAWBRIDGE AVE.
MELBOURNE, FL 329014558

New Principal Place of Business:

Current Mailing Address:

405 E. STRAWBRIDGE AVE.
MELBOURNE, FL 329014558

New Mailing Address:

FEI Number: 59-2984416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, JAMES C., II
1002 S. RIVERSIDE DRIVE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

WHITE, JAMES C., II
405 E STRAWBRIDGE AVE
MELBOURNE, FL 32901 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: JAMES C WHITE II 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WHITE, JAMES C III
Address: 405 E STRAWBRIDGE AVENUE
City-St-Zip: MELBOURNE, FL

Title: SD ( ) Delete
Name: WHITE, DAVID F.
Address: 405 E STRAWBRIDGE AVENUE
City-St-Zip: MELBOURNE, FL

Title: D ( ) Delete
Name: BLACKMAN, MIKE
Address: 405 E STRAWBRIDGE AVENUE
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WHITE, JAMES C II
Address: 405 E STRAWBRIDGE AVENUE
City-St-Zip: MELBOURNE, FL

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

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: JAMES C WHITE II PD 04/15/2009
Electronic Signature of Signing Officer or Director Date