

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099931

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: CASSELBERRY AUTO SERVICE INC.

## Current Principal Place of Business:

1500 E. ALTAMONTE DR.  
FERN PARK, FL 32730

## New Principal Place of Business:

1500 E. ALTAMONTE DR.  
CASSELBERRY, FL 32730

## Current Mailing Address:

1500 E. ALTAMONTE DR.  
FERN PARK, FL 32730

## New Mailing Address:

1500 E. ALTAMONTE DR.  
CASSELBERRY, FL 32730

FEI Number: 20-5296425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SAVAGE, JAMES  
1500 E. ALTAMONTE DR.  
FERN PARK, FL 32730 US

## Name and Address of New Registered Agent:

SAVAGE, JAMES  
1500 E. ALTAMONTE DR.  
CASSELBERRY, FL 32730 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:

06/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SAVAGE, JAMES  
Address: 1500 E. ALTAMONTE DR.  
City-St-Zip: FERN PARK, FL 32730

Title: VP ( ) Delete  
Name: LAROSE, GREG  
Address: 4729 S. FERN CREEK  
City-St-Zip: ORLANDO, FL 32806

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 SAVAGE

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date