2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000118686

Entity Name: TDF'S CASSELBERRY INC

FILED Feb 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3385 S US HWY 17-92 SUITE # 189

CASSELBERRY, FL 32707 US

Current Mailing Address: New Mailing Address:

P.O. BOX 500604 P.O. BOX 9611

MALABAR, FL 32950 PORT ST. LUCIE, FL 34985

FEI Number: 26-1314870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIMSEY, SEAN R
DIMSEY, GEORGE H
1573 HERO STREET
DIMSEY, GEORGE H
1718 SW BOEING ST

PALM BAY, FL 32909 US PORT ST. LUCIE, FL 34953 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: GEORGE DIMSEY 02/03/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 DIMSEY, SEAN R
 Name:
 DIMSEY, GEORGE H

 Address:
 P.O. BOX 500604
 Address:
 P.O. BOX 9611

City-St-Zip: MALABAR, FL 32950 US City-St-Zip: PORT ST. LUCIE, FL 34985 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 DIMSEY, CASIE J
 Name:
 DIMSEY, LINDA C

 Address:
 P.O. BOX 500604
 Address:
 P.O. BOX 9611

 City-St-Zip:
 MALABAR, FL 32950 US
 City-St-Zip:
 PORT ST. LUCIE, FL 34985 US

Title: D (X) Delete Title: () Change () Addition

Name: DIMSEY, LINDA C Name:

 Address:
 P.O. BOX 500604
 Address:

 City-St-Zip:
 MALABAR, FL 32950 US
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 DIMSEY, GEORGE H
 Name:

 Address:
 P.O. BOX 500604
 Address:

 City-St-Zip:
 MALABAR, FL 32950 US
 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: GEORGE DIMSEY D 02/03/2009