

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000033484

**FILED**  
**Dec 04, 2012**  
**Secretary of State**

**Entity Name:** CASSATA FLA CONCESSIONS, INC.

**Current Principal Place of Business:**

427 15TH STREET  
HOLLY HILL, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

427 15TH STREET  
HOLLY HILL, FL 32117

**New Mailing Address:**

**FEI Number:** 59-3180457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASSATA, ROBERT C  
427 15TH ST  
HOLLY HILL, FL 32117 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CASSATA, ROBERT C  
Address: 427 15TH STREET  
City-St-Zip: HOLLY HILL, FL 32117

Title: D  
Name: CASSATA, JOYCE M  
Address: 427 15TH STREET  
City-St-Zip: HOLLY HILL, FL 32117

Title: P  
Name: COOK, JACK D II  
Address: 7 FOXFORDS CHASE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP,S  
Name: LANE, MICHAEL S  
Address: 6085 SANCTUARY GARDEN BLVD  
City-St-Zip: PORT ORANGE, FL 32128

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL LANE

VP,S

12/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date