


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P97000045616 1. Entity Name FOUR CASSELBERRY CORPORATION |  |
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|---|---|
| Principal Place of Business 1201 HELEN STREET CASSELBERRY, FL 32708 | Mailing Address 1201 HELEN STREET CASSELBERRY, FL 32708 |
|---|---|

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 59-3447058 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CASSELBERRY, RICHARD
1201 HELEN STREET
CASSELBERRY, FL 32708**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

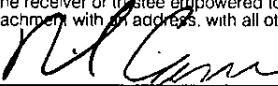
10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CASSELBERRY, RICHARD 1201 HELEN STREET CASSELBERRY, FL 32708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CASSELBERRY, LEONARD 1201 HELEN ST CASSELBERRY, FL 32708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CASSELBERRY, MARGARET JANE 1201 HELEN ST CASSELBERRY, FL 32708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CASSELBERRY, DONNA HALL 1201 HELEN ST CASSELBERRY, FL 32708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/10/08-80029-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Richard Casselberry** 1/7/2008 4076950114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3537** Date Daytime Phone #