
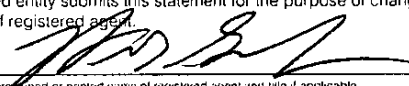
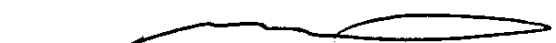


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90326 012 \*\*\*150.00

DOCUMENT # P99000034641					
1. Entity Name CASSELBERRY EQUITY ENTERPRISES, INC.					
Principal Place of Business 4221 N BUFFALO STREET ORCHARD PARK, NY 14127			Mailing Address 4221 N BUFFALO STREET ORCHARD PARK, NY 14127		
2. Principal Place of Business 207 SOUTH LAKE SILVER DRIVE			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State WINTER HAVEN, FLORIDA			City & State		
Zip 32880		Country USA		Zip	
				Country	
4. FEI Number 58-2458614				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GACIOCH, WILLIAM T 950 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name GACIOCH, WILLIAM T Street Address (P.O. Box Number is Not Acceptable) 15101 QUAILS BLUFF CIRCLE City LAKE WALES FL Zip Code 33853		
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  DATE 4/22/06 <small>Signature of type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GACIOCH, WILLIAM T 4221 NORTH BUFFALO ST ORCHARD PARK, NY 14127 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GACIOCH, MICHAEL T 4221 NORTH BUFFALO ST ORCHARD PARK, NY 14127 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GACIOCH, DAVID W 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANNON, KATHERINE A 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  DATE 4/25/06 DAYTIME PHONE 662-0860 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Michael T. Gacioch