

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000034641

1. Entity Name
CASSELBERRY EQUITY ENTERPRISES, INC.



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

05-01-2006 90326 012 ***150.00

40072020



02072006 Chg-P CR2E034 (11/05)

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.

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 \$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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/06 DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GACIOCH, WILLIAM T
STREET ADDRESS 4221 NORTH BUFFALO ST
CITY-ST-ZIP ORCHARD PARK, NY 14127

Delete

TITLE V
NAME GACIOCH, MICHAEL T
STREET ADDRESS 4221 NORTH BUFFALO ST
CITY-ST-ZIP ORCHARD PARK, NY 14127

Delete

TITLE S
NAME GACIOCH, DAVID W
STREET ADDRESS 4221 NORTH BUFFALO STREET
CITY-ST-ZIP ORCHARD PARK, NY 14127

Delete

TITLE T
NAME HANNON, KATHERINE A
STREET ADDRESS 4221 NORTH BUFFALO STREET
CITY-ST-ZIP ORCHARD PARK, NY 14127

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 (716) 662-0840
Date Daytime Phone #

Michael T. Gacoch