


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000034641 1. Entity Name CASSELBERRY EQUITY ENTERPRISES, INC.	
---	---

FILED
07 FEB 28 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 207 SOUTH LAKE SILVER DR WINTER HAVEN, FL 32880	Mailing Address 4221 N BUFFALO STREET ORCHARD PARK, NY 14127
---	--



2. Principal Place of Business - No P.O. Box # 1485 ASH CIRCLE	3. Mailing Address Suite, Apt. #, etc.
City & State CASSELBERRY, FL	City & State
Zip 32707	Country USA

01102007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent GACIOCH, WILLIAM T 15101 QUIALS BLUFF CIR LAKE WALES, FL 33853	7. Name and Address of New Registered Agent Name GACIOCH, WILLIAM T Street Address (P.O. Box Number is Not Acceptable) 15101 QUIALS BLUFF CIRCLE City LAKE WALES FL Zip Code 33853
---	---

4. FEI Number 58-2458614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07 (716) 662-0840

Date

Daytime Phone #