

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K71970

Entity Name: CASSELBERRY GARDENS, INC.

Current Principal Place of Business:

700 SOUTH LOST LAKE LN
CASSELBERRY, FL 32707

Current Mailing Address:

P. O. BOX 2
CASSELBERRY, FL 32718-0002 US

FEI Number: 59-0541685

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CASSELBERRY, JOHN N
700 SOUTH LOST LAKE LN
CASSELBERRY, FL 32707 US

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

Officer/Director Detail :

Title PSTD
Name CASSELBERRY, JOHN N
Address 700 SOUTH LOST LAKE LN
City-State-Zip: CASSELBERRY FL 32707

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: JOHN N. CASSELBERRY

PSTD

04/17/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date