

**2016 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 32718-0002 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 PDS  
Name CASSELBERRY, JOHN N  
Address 700 SOUTH LOST LAKE LN  
PO BOX 2  
City-State-Zip: CASSELBERRY FL 32718-0002

*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

PRESIDENT

04/07/2016

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date