

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J33799

FILED
Apr 21, 2006
Secretary of State

Entity Name: CASTLE PROPERTY SERVICES INC.

Current Principal Place of Business:

1081 N. LK. SYBELIA DRIVE
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1081 N. LK. SYBELIA DRIVE
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-2866545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURT, RALPH A II
1081 N. LK. SYBELIA DRIVE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURT, RALPH A., II,
Address: 1081 N. LK. SYBELIA DR.
City-St-Zip: MAITLAND, FL

Title: D (X) Delete
Name: LONG MICHAEL,
Address: 4322 HARGREAVES STREET
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURT, RALPH A II
Address: 1081 N. LK. SYBELIA DR.
City-St-Zip: MAITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RALPH A. BURT II

PD

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date