


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-21-2005 90094 017 ***150.00

DOCUMENT # P03000037290

1. Entity Name
CASTLE ROCK IMPORTS, INC.



Principal Place of Business Mailing Address

2018 SE 21ST STREET **2018 SE 21ST STREET**
CAPE CORAL, FL 33990 **CAPE CORAL, FL 33990**

66010540



03052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-1687997 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLOW, DALE
2018 SE 21ST STREET
CAPE CORAL, FL 33990

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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: *Dale A Blow* *Dale A Blow* *4-14-05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BLOW, DALE
STREET ADDRESS	2018 SE 21ST STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	SD
NAME	LEONARD, BROOKE
STREET ADDRESS	617 SE 22ND TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	V
NAME	LEONARD, JAMES
STREET ADDRESS	617 SE 22ND TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 507, 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: *Dale A Blow* *Dale A Blow* *4-14-05* *(239)772-9354*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #