

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077477

Entity Name: 5099 CASTLEROCK, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

5099 CASTLEROCK WAY
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

5099 CASTLEROCK WAY
NAPLES, FL 34112

New Mailing Address:

FEI Number: 20-5216859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AARON A. FARMER, P.L.
999 VANDERBILT BEACH ROAD
SUITE 606
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

AARON A. FARMER, P.L.
999 VANDERBILT BEACH ROAD
SUITE 606
NAPLES, FL 34108 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

04/22/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: COTTHAM, GEORGE WILLIAM
Address: 5099 CASTLEROCK WAY
City-St-Zip: NAPLES, FL 34112

Title: DVPS () Delete
Name: COTTHAM, EDITH
Address: 5099 CASTLEROCK WAY
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE WILLIAM COTTHAM

DPT

04/22/2009

Electronic Signature of Signing Officer or Director

Date