

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State

08-29-2007 90001 029 ***150.00

DOCUMENT # P93000034586

1. Entity Name
CASTLEROCK CONSTRUCTION COMPANY



Principal Place of Business Mailing Address

1632 N. RONALD REAGAN BLVD. **1632 N. RONALD REAGAN BLVD.**
LONGWOOD, FL 32750 US **LONGWOOD, FL 32750 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1672 N. RONALD REAGAN BLVD. **1672 N. RONALD REAGAN BLVD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Longwood, FL **Longwood, FL**

Zip Country Zip Country

32750 **USA** **32750** **USA**

4. FEI Number
59-3186916 Applied For
 Not Applicable

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

08092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

DELGADO, DAVID C
1632 N. RONALD REAGAN BLVD.
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1672 N. RONALD REAGAN BLVD.

City State Zip Code

Longwood **FL** **32750**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DELGADO, DAVID C	
STREET ADDRESS	1632 N. RONALD REAGAN BLVD.	
CITY - ST - ZIP	LONGWOOD, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DAVID C. DELGADO** 8/29/07 407.834.4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #