

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000085561 (5)**

1. Corporation Name

**CASTLEROCK DEVELOPMENT COMPANY**



Principal Place of Business

Mailing Address

1442 SOUND RETREAT DRIVE  
NAVARRE FL 32566

1442 SOUND RETREAT DRIVE  
NAVARRE FL 32566

3. Date Incorporated or Qualified  
**11/06/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1442 Sound Retreat Dr.**  
Suite, Apt. #, etc.

26 **1442 Sound Retreat Dr.**  
Suite, Apt. #, etc.

4. FEI Number  
**59-3342079**

Applied For  
Not Applicable

22 City & State

27 City & State

23 **Navarre, Fl.**  
Zip Country

28 **Navarre, Fl**  
Zip Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 **32566**

25 **Santa Rosa**

29 **32566**

30 **Santa Rosa**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUEHLHAUSEN, GLENN G**  
1442 SOUND RETREAT DRIVE  
NAVARRE FL 32566

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

*Glenn G. Muehlhausen*

OFFICERS AND DIRECTORS

12. TITLE NAME  DELETE

12.1 NAME **Glenn G. Muehlhausen**

12.2 STREET ADDRESS **1442 Sound Retreat Dr.**

12.3 CITY-ST-ZIP **Navarre Fl. 32566**

TITLE NAME  DELETE

12.1 NAME **Glenn Muehlhausen**

12.2 STREET ADDRESS **1442 sound Retreat Dr.**

12.3 CITY-ST-ZIP **Navarre Fl. 32566**

TITLE NAME  DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

13.1 TITLE **President**

13.2 NAME **Glenn G. Muehlhausen**

13.3 STREET ADDRESS **1442 sound Retreat Dr.**

13.4 CITY-ST-ZIP **Navarre Ga, 32566**

13.1 TITLE  Change  Addition

13.2 NAME  Change  Addition

13.3 STREET ADDRESS  Change  Addition

13.4 CITY-ST-ZIP  Change  Addition

13.1 TITLE  Change  Addition

13.2 NAME  Change  Addition

13.3 STREET ADDRESS  Change  Addition

13.4 CITY-ST-ZIP  Change  Addition

13.1 TITLE  Change  Addition

13.2 NAME  Change  Addition

13.3 STREET ADDRESS  Change  Addition

13.4 CITY-ST-ZIP  Change  Addition

13.1 TITLE  Change  Addition

13.2 NAME  Change  Addition

13.3 STREET ADDRESS  Change  Addition

13.4 CITY-ST-ZIP  Change  Addition

13.1 TITLE  Change  Addition

13.2 NAME  Change  Addition

13.3 STREET ADDRESS  Change  Addition

13.4 CITY-ST-ZIP  Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Glenn Muehlhausen* **Glenn Muehlhausen** 3/20/96 (404) 939-2845  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)