


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90255 035 \*\*\*150.00

**DOCUMENT # P96000053519**  
 1. Entity Name  
**NEW CASTLE RETIREMENT HOME, INC.**



Principal Place of Business <b>6425 EMERSON AVENUE SOUTH ST. PETERSBURG, FL 33707</b>	Mailing Address <b>6425 EMERSON AVENUE SOUTH ST. PETERSBURG, FL 33707</b>
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**50018916**



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04212006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3403453</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**STEAGALL, BARRY M**  
**5900 CENTRAL AVENUE STE J**  
**ST. PETERSBURG, FL 33707**

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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 *LAURENCE L BURHANS* *Laurence L Burhans* *4-24-06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MYERS, KIM MARIE</b> <b>6319 FOURTH AVENUE SOUTH</b> <b>ST. PETERSBURG, FL 33707</b>
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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: *Kim M Myers* *Kim M Myers* *4-25-06* *727 345-3245*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #