


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90126 033 ***150.00

DOCUMENT # P96000097786

1. Entity Name
CASTLE MAINTENANCE, INC.



Principal Place of Business
4450 W SUNRISE BLVD
C100
PLANTATION, FL 33313 US

Mailing Address
P O BOX 189013
PLANTATION, FL 33318 US

40029171



2. Principal Place of Business
12270 SW 3 Street
 Suite, Apt. #, etc.
Plantation, FL

3. Mailing Address
 Suite, Apt. #, etc.

01252005 Chg-P CR2E034 (10/03)

City & State
Plantation, FL

City & State

Zip
33325 Country
Broward

Zip Country

4. FEI Number
65-0715623

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VAUGHAN, CRAIG A
4450 W SUNRISE BLVD
SUITE #100
PLANTATION, FL 33313

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	DONNELLY, JAMES	
STREET ADDRESS	4450 W SUNRISE BLVD, SUITE 100	
CITY - ST - ZIP	PLANTATION, FL 33313	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	VAUGHAN, CRAIG	
STREET ADDRESS	4450 W SUNRISE BLVD, SUITE 100	
CITY - ST - ZIP	PLANTATION, FL 33318	
TITLE	P	<input type="checkbox"/> Delete
NAME	DONNELLY, CATHERINE	
STREET ADDRESS	4450 W SUNRISE BLVD, SUITE 100	
CITY - ST - ZIP	PLANTATION, FL 33318	
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	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donnelly, James	
STREET ADDRESS	2547 Sanctuary Dr.	
CITY - ST - ZIP	Weston, FL 33327	
TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vaughan, Craig	
STREET ADDRESS	12565 NW 7th St.	
CITY - ST - ZIP	Parkland, FL 33076	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donnelly, Catherine	
STREET ADDRESS	2547 Sanctuary Dr.	
CITY - ST - ZIP	Weston, FL 33327	
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		

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 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: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-1-05** Daytime Phone # **(954) 792-6000**