

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000097786

1. Entity Name  
CASTLE MAINTENANCE, INC.



06 MAR 14 PM 3:11

TALLahassee FLORIDA

Principal Place of Business  
12270 SW 3 STREET  
PLANTATION, FL 33325 US

Mailing Address  
P O BOX 189013  
PLANTATION, FL 33318 US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
P.O. Box 559009  
Suite, Apt. #, etc.  
City & State  
Ft. Lauderdale, FL  
Zip Country  
33355 U.S.



03012006 Chg-P CR2E034 (11/05)

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  
Vaughan, Craig A.  
Street Address (P.O. Box Number is Not Acceptable)  
12270 S.W. 3 Street, Suite 200  
City  
Plantation FL Zip Code  
33325

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 3-10-06  
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  
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	C DONNELLY, JAMES 2547 SANCTUARY DR WESTON, FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST VAUGHAN, CRAIG 12565 NW 76 ST PARKLAND, FL 33076 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONNELLY, CATHERINE 2547 SANCTUARY DR WESTON, FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Donnelly, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12270 SW 3 Street, Suite 200 Plantation, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST Vaughan, Craig <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12270 SW 3 Street, Suite 200 Plantation, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Donnelly, Catherine <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12270 SW 3 Street, Suite 200 Plantation, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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: \_\_\_\_\_ DATE 3-10-06 954 792-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #