


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90241 021 \*\*\*150.00

**DOCUMENT # P98000019803**

1. Entity Name  
**CASTAWAYS TRAVEL, INC.**



Principal Place of Business  
**4711 SW 24TH AVE  
 CAPE CORAL, FL 33914**

Mailing Address  
**4711 SW 24TH AVE  
 CAPE CORAL, FL 33914**

**40090780**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0818920**

Applied For  
 Not Applicable

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

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

**MARTIN, JOSE  
 1101 SW 14TH TERRACE  
 CAPE CORAL, FL 33990**

**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 \_\_\_\_\_ 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 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, JOSE			NAME			
STREET ADDRESS	1101 SE 14TH TER			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33990			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 of 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: *Jose Martin* **4-28-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40090780

P98000019803

**Division of Corporations****Annual Report**

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

<b>Document Number</b>	P98000019803
<b>Business Entity Name</b>	CASTAWAYS TRAVEL, INC.
<b>FEI Number</b>	650818920
<b>FEI Number Status</b>	
<b>Certificate of Status Desired</b>	No
<b>Election Campaign Financing Trust Fund Contribution</b>	No

**Principal Place of Business**

**Address** 4711 SW 24TH AVE  
**Suite, Apt. #, etc.**  
**City, State** CAPE CORAL, FL  
**Zip Code & Country** 33914

**Mailing Address**

**Address** 4711 SW 24TH AVE  
**Suite, Apt. #, etc.**  
**City, State** CAPE CORAL, FL  
**Zip Code & Country** 33914

**Name and Address of Registered Agent**

**Name (Last, First, Middle, Title)** MARTIN, JOSE  
**Address** 1101 SW 14TH TERRACE  
**Suite, Apt. #, etc.**  
**City, State** CAPE CORAL, FL  
**Zip Code & Country** 33990 US

**Registered Agent Signature****Officer/Director Name and Address**

**Title** P  
**Name (Last, First, Middle, Title)** MARTIN, JOSE  
**Street Address** 1101 SE 14TH TER  
**City, State** CAPE CORAL, FL  
**Zip Code & Country** 33990

ATTACHMENT

40090780

PG8000019803

**Title**

PRES

**Officer/Director Signature** JOSE MARTIN

[Continue](#)

[Start Over](#)

---

[Sunbiz Home Page](#)

[Annual Report Help](#)