

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000082776

**Entity Name:** CASTLE RENTALS & PROPERTY MANAGEMENT, INC.

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC1382833127**

**Current Principal Place of Business:**

13180 N CLEVELAND AVE  
SUITE 307  
N. FT. MYERS, FL 33903

**Current Mailing Address:**

13180 N CLEVELAND AVE  
SUITE 307  
N. FT. MYERS, FL 33903 US

**FEI Number: 56-2462625**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GIACALONE, ALBERT JIII  
18550 LYNN RD.  
N. FT. MYERS, FL 33917 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	D
Name	GIACALONE, ALBERT JIII	Name	GIACALONE, ALBERT JIV
Address	18550 LYNN RD.	Address	18550 LYNN RD
City-State-Zip:	N. FT. MYERS FL 33917	City-State-Zip:	N. FT. MYERS FL 33917

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ALBERT J GIACALONE III**

**PRESIDENT**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date