

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000034270

**Entity Name:** CASTLE AIR CONDITIONING, INC.

**Current Principal Place of Business:**

1883 WAKE FOREST AVENUE  
CLERMONT, FL 34711

**Current Mailing Address:**

1883 WAKE FOREST AVENUE  
CLERMONT, FL 34711 US

**FEI Number:** 20-8658573

**Certificate of Status Desired:** No

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

MUSTAPHA, SAEED  
1883 WAKE FOREST AVENUE  
CLERMONT, FL 34711 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  
Name MUSTAPHA, SAEED  
Address 1883 WAKE FOREST AVENUE  
City-State-Zip: CLERMONT FL 34711

Title VP  
Name MUSTAPHA, LORELIE  
Address 1883 WAKE FOREST AVENUE  
City-State-Zip: CLERMONT FL 34711

Title O  
Name MUSTAPHA, LEILA L  
Address 1883 WAKE FOREST AVENUE  
City-State-Zip: CLERMONT FL 34711

Title CEO  
Name BISSESSAR, RISHIC  
Address 644 BLACK EAGLE DRIVE  
City-State-Zip: GROVELAND FL 34736

Title CFO  
Name BISSESSAR, LAURA S  
Address 644 BLACK EAGLE DRIVE  
City-State-Zip: GROVELAND FL 34736

Title S  
Name MUSTAPHA, JASMINE N  
Address 1883 WAKE FOREST AVENUE  
City-State-Zip: CLERMONT FL 34711

*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:** SAEED MUSTAPHA

**OWNER**

**06/23/2020**

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

\_\_\_\_\_  
Date