

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000070036

**FILED**  
**Jan 16, 2016**  
**Secretary of State**  
**CC8896028125**

**Entity Name:** CASTLETON CAPITAL FINANCIAL SOLUTIONS INC

**Current Principal Place of Business:**

15550 MCGREGOR BLVD  
SUITE 104  
FORT MYERS, FL 33908

**Current Mailing Address:**

15550 MCGREGOR BLVD  
SUITE 104  
FORT MYERS, FL 33908

**FEI Number:** 27-3377516

**Certificate of Status Desired:** No

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

CONGRESS, DOUG  
1054 SEAHAWK LANE  
SANIBEL ISLAND, FL 33957 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            PRES  
Name            RUANE, KEVIN B  
Address        815 BIRDIE VIEW LANE  
City-State-Zip: SANIBEL ISLAND FL 33957

Title            VP  
Name            YODICE, SALVATORE F  
Address        15 WILTSHIRE DRIVE  
City-State-Zip: BOONTON TOWNSHIP NJ 07005

Title            TREA  
Name            CONGRESS, DOUG  
Address        1054 SEAHAWK LNAE  
City-State-Zip: SANIBEL ISLAND FL 33957

*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:** DOUG CONGRESS

**CFO**

**01/16/2016**

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

\_\_\_\_\_ Date