

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000040045

Entity Name: CASTLE INSURANCE & FINANCIAL CORP

Current Principal Place of Business:

11418 CROWNED SPARROW LN
TAMPA, FL 33626

Current Mailing Address:

11418 CROWNED SPARROW LN
TAMPA, FL 33626 US

FEI Number: 84-1821870

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTILLO, ALVARO E
12813 SADDLE CLUB CIRCLE
APT 204
TAMPA, FL 33635 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 CASTILLO, ALVARO E
Address 12813 SADDLE CLUB CIRCLE APT 204
City-State-Zip: TAMPA FL 33635

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: ALVARO CASTILLO

OWNER

05/01/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date