

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 696500**

1. Entity Name  
**ROBERT G. CASTLES, PROFESSIONAL ASSOCIATION**



Principal Place of Business  
**6525 BURNING TREE DR  
SEMINOLE, FL 33777 US**

Mailing Address  
**6525 BURNING TREE DR  
SEMINOLE, FL 33777 US**



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2113926</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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

**CASTLES, ROBERT G.  
6525 BURNING TREE DR  
SEMINOLE, FL 33777**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	CASTLES, ROBERT G
STREET ADDRESS	6525 BURNING TREE DR
CITY-ST-ZIP	SEMINOLE, FL 33777

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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 or 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:** *Robert G. Castles* **ROBERT G. CASTLES**

**3 JAN 2008 727-319-8229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #