

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001112

1. Entity Name
MARY C. CASTELLANO, LTD.



Principal Place of Business
**6202 36TH AVE. SOUTH
TAMPA, FL 33619**

Mailing Address
**6202 36TH AVE. SOUTH
TAMPA, FL 33619**

DO NOT WRITE IN THIS SPACE



01232007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
20-0000960

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CASTELLANO, SAM
6202 36TH AVE. SOUTH
TAMPA, FL 33619**

**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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	
NAME	CASTELLANO, MARY C
STREET ADDRESS	401 N. 22ND STREET
CITY-ST-ZIP	TAMPA, FL 33605
DOCUMENT #	
NAME	CASTELLANO, JOHN B
STREET ADDRESS	102 RONELE DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
DOCUMENT #	
NAME	CASTELLANO, SAM
STREET ADDRESS	6202 36TH AVE. SOUTH
CITY-ST-ZIP	TAMPA, FL 33619
DOCUMENT #	
NAME	COVINE, ROSALIND C
STREET ADDRESS	8912 RIVERVIEW BLVD.
CITY-ST-ZIP	RIVERVIEW, FL 33569
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000613118
02/05/07-80025-020 150.00

**DO NOT WRITE
IN THIS SPACE**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SAM CASTELLANO
SAM CASTELLANO

1/26/07
1/26/07

STAPLE CHECK HERE