


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000002855 1. Entity Name CASTLE PROPERTIES UNLIMITED, INC.	
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Principal Place of Business 1907 NW 9TH PLACE CAPE CORAL, FL 33993-4037	Mailing Address 5100 S. CLEVELAND AVE., STE. 318 FORT MYERS, FL 33907
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**DO NOT WRITE IN THIS SPACE**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 84-1583492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLARD, FRED W  
1907 NW 9TH PLACE  
CAPE CORAL, FL 33993-4037

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP POLLARD, FRED W 5100 S. CLEVELAND AVE., STE. 318, PMB 380 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP POLLARD, GAIL 5100 S. CLEVELAND AVE., STE. 318, PMB 380 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POLLARD, GAIL 5100 S. CLEVELAND AVE., STE. 318, PMB 380 FORT MYERS, FL 33907
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000000139831  
04/29/04-80138-004 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gail Pollard, Gail Pollard, Secy 4/27/04 (239) 458-3329  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #