2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002855

1. Entity Name
CASTLE PROPERTIES UNLIMITED, INC.

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

04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1583492 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$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

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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, 2005 Fee will be $550.00

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

100000320148
04/21/05-80026-012 150.00

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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 4/18/05 (239)458-3329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #