


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003889 1. Entity Name CASTO CLERMONT CORPORATION II	
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Principal Place of Business 191 W. NATIONWIDE BLVD. SUITE 200 COLUMBUS, OH 43215	Mailing Address 191 W. NATIONWIDE BLVD. SUITE 200 COLUMBUS, OH 43215
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04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0814489	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENE, ROBERT F ESQ. 1301 SIXTH AVE. WEST SUITE 400 BRADENTON, FL 34205
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**DO NOT WRITE
IN THIS SPACE**

B. 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 reinstalling) DATE _____
Signature typed or printed name of registered agent and title if applicable

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

U00000360196
05/05/05-80020-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT CASTO, DON M III 191 W. NATIONWIDE BLVD. COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVS BENSON, FRANK S III 191 W. NATIONWIDE BLVD. COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LUKEMAN, PAUL G 191 W. NATIONWIDE BLVD. COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUTCHENS, BRETT 401 CATTLEMEN ROAD SARASOTA, FL 34232
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)(f), 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:



Frank S. Benson III

April 28, 2005 614-228-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #