

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90174 031 ***158.75

DOCUMENT # F04000005292 1. Entity Name CASTLE MORTGAGE CORP. IN					
Principal Place of Business 8827 SPINNAKER COURT INDIANAPOLIS, IN 46256				Mailing Address 8827 SPINNAKER COURT INDIANAPOLIS, IN 46256	
2. Principal Place of Business 6602 East 75th Street Suite, Apt. #, etc. Suite 510 City & State Indianapolis IN Zip 46250				3. Mailing Address 6602 East 75th Street Suite, Apt. #, etc. Suite 510 City & State Indianapolis IN Zip 46250	
4. FEI Number 75-3160967				04272005 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OLIN, STEVEN M 8827 SPINNAKER COURT INDIANAPOLIS, IN 46256	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS MORICAL, DONALD D II 8827 SPINNAKER COURT INDIANAPOLIS, IN 46256	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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: _____		Donald D. Morical, II			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/27/05		Daytime Phone # 317-578-7776	

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