


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90011 030 \*\*\*150.00

<b>DOCUMENT # F13416</b> 1. Entity Name <b>CASTLRAMA CORP.</b>					
Principal Place of Business <b>10770 PINE TREE TERR. BOYNTON BCH. FL 33436 US</b>			Mailing Address <b>C/O C.M. CULHANE P. O. BOX 849 JAMESTOWN NY 14702-0849 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>2095 SW GULL HARBOR LANE</b> <b>10760 HAYDN DRIVE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>BOCA RATON, FL PALM CITY, FL</b>		City & State		4. FEI Number <b>58-1443948</b>	
Zip <b>33498 34990</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VAILLANCOURT, MAUREEN A 10760 HAYDN DR 2095 SW GULL HARBOR LANE BOCA RATON FL 33498 PALM CITY, FL 34990</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>MAUREEN A. VAILLANCOURT, VICE PRESIDENT</b> DATE <b>2-3-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Delete <b>MARTIN, JOHN L.</b> <b>10770 PINE TREE TERRACE</b> <b>BOYNTON BEACH FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>MARTIN, EUNICE S.</b> <b>10770 PINE TREE TERRACE</b> <b>BOYNTON BEACH FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>MARTIN, JOHN L. JR.</b> <b>WELLINGTON COURT W.E.</b> <b>JAMESTOWN NY</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>VAILLANCOURT, MAUREEN A</b> <b>10760 HAYDN DR</b> <b>BOCA RATON FL 33498</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VAILLANCOURT, MAUREEN A.</b> <b>2095 SW GULL HARBOR LANE</b> <b>PALM CITY, FL 34990</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <input type="checkbox"/> Delete <b>WARNER, JANET</b> <b>2044 ALLEN STREET</b> <b>FALCONER NY</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>JANET M. WARNER</b> <b>2/3/04</b> <b>(716) 665-4120</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					