
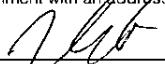


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90174 049 ***150.00

| | | | | | |
|---|---|---|---|---|--------------|
| DOCUMENT # F97000003923 1. Entity Name CASTO WINTER PARK CORPORATION | | | |  | |
| Principal Place of Business 191 W. NATIONWIDE BLVD COLUMBUS, OH 43215-2568 | | | Mailing Address 191 W. NATIONWIDE BLVD COLUMBUS, OH 43215-2568 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 31-1539908 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SNIVELY, STEPHEN W C/O HOLLAND & KNIGHT 200 S. ORANGE AVENUE, STE. 2600 ORLANDO, FL 32801 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 | PCTD CASTO, DON M III <input type="checkbox"/> Delete 191 W NATIONWIDE STE 200 COLUMBUS, OH 432152568 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD CASTO, DON M III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 191 W NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215-2568 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDS BENSON, FRANK S III <input type="checkbox"/> Delete 191 W NATIONWIDE BLVD STE 200 COLUMBUS, OH 432152568 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LUKEMAN, PAUL G <input type="checkbox"/> Delete 191 W NATIONWIDE BLVD STE 200 COLUMBUS, OH 432152568 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HUTCHENS, BRET <input type="checkbox"/> Delete 191 W NATIONWIDE BLVD STE 200 COLUMBUS, OH 432152568 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HUTCHENS, J. BRETT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 N CATTLEMEN ROAD, STE. 108 SARASOTA, FL 34232 | |
| 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 | |
| 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:  | | DON M. CASTO, III | | 4/27/04 | 614-228-5331 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR TRUSTEE | | Date | | Daytime Phone # | |