


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2005 08:00 AM
Secretary of State

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
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04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1539908	Applied For Not Applicable
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

**DO NOT WRITE
IN THIS SPACE**

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 _____ U00000360176
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 05/05/05-80020-018 150.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CASTO, DON M III 191 W NATIONWIDE STE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS BENSON, FRANK S III 191 W NATIONWIDE BLVD STE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUKEMAN, PAUL G 191 W NATIONWIDE BLVD STE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUTCHENS, J. BRETT 401 N CATTLEMEN ROAD, STE. 108 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)(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:  Frank S. Benson III April 28, 2005 614-228-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #