

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2007 08:00 AM
Secretary of State**

DOCUMENT # F98000002647 1. Entity Name CASTO CLERMONT CORPORATION	
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Principal Place of Business 191 W NATIONWIDE BLVD STE 200 COLUMBUS, OH 43215-2568	Mailing Address 191 W NATIONWIDE BLVD STE 200 COLUMBUS, OH 43215-2568
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04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1597000	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SNIVELY, STEPHEN W C/O HOLLAND & KNIGHT 200 S. ORANGE AVE., SUITE 2600 ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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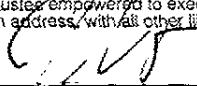
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000736248 05/10/07-80067-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CASTO, DON M III 191 W NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BENSON, FRANK S III 191 W NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DUTTON, STEPHEN E 191 W NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUKEMAN, PAUL G 191 W NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, ANTHONY A 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIAT, WILLIAM J 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **APRIL 23, 2007** **614-228-5331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #