

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005216

FILED
Mar 07, 2009
Secretary of State

Entity Name: CASTLE SOFTWARE, INC.

Current Principal Place of Business:

626 LAYPORT DR
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

626 LAYPORT DR
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 11-3085835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGUI, MR. WILLIAM
626 LAYPORT DR
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTDC () Delete
Name: INGUI, WILLIAM
Address: 626 LAYPORT DR
City-St-Zip: SEBASTIAN, FL 32958

Title: V () Delete
Name: HERSH, STEVEN A
Address: 62 CYGNET DR
City-St-Zip: SMITHTOWN, NY 11787

Title: MTS () Delete
Name: SANDORFI, JULIE
Address: 116 JEFFERSON AVENUE
City-St-Zip: PORT JEFFERSON, NY 11777

Title: SM () Delete
Name: FISCHER, SCOTT
Address: 50 COUNTRYSIDE LANE
City-St-Zip: DEPEW, NY 14043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MTS (X) Change () Addition
Name: SANDORFI, JULIET
Address: 117 LAFAYETTE ROAD
City-St-Zip: YORKTOWN, VA 23690

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM INGUI

PRES

03/07/2009

Electronic Signature of Signing Officer or Director

_____ Date