

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G14776

Entity Name: CASTO COMPANY, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

2617A FRENCH AVE.
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

2617A FRENCH AVE.
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 59-2257276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTO, BEVERLY EILEEN
106 W 27TH ST
SANFORD, FL 32773 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: D () Delete
Name: CASTO, RICHARD D,
Address: 106 W 27TH ST
City-St-Zip: SANFORD, FL

Title: PD () Delete
Name: CASTO, BEVERLY EILEE, N
Address: 106 W 27TH ST
City-St-Zip: SANFORD, FL

Title: VP () Delete
Name: CASTO, LAWRENCE M
Address: 477 CITADEL DRIVE
City-St-Zip: ALTAMONTE SPINGS, FL 32714

Title: NONE () Delete
Name: N/A,
Address: 2617A FRENCH AVENUE
City-St-Zip: SANFORD, FL 32773

Title: NONE () Delete
Name: N/A,
Address: 2617A FRENCH AVENUE
City-St-Zip: SANFORD, FL 32773

Title: NONE () Delete
Name: N/A,
Address: 2617A FRENCH AVENUE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BEVERLY E CASTO

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date