

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41456

FILED
Jan 10, 2004
Secretary of State

Entity Name: KASTLE PROSTHETIC SERVICE, INC.

Current Principal Place of Business:

2160 SUNNYDALE BLVD.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2160 SUNNYDALE BLVD.
CLEARWATER, FL 33765

New Mailing Address:

2160 SUNNYDALE BLVD.
SUITE B
CLEARWATER, FL 33765

FEI Number: 59-2487949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREA E. FRALEY, ESQ.
3918 W. FRALEY, ESQ.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

ANDREA E. FRALEY, ESQ.
3918 W. BAY VILLA AVE
TAMPA, FL 33611 US

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:

01/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BARRON, FLORENTINO J, .
Address: 309 ARBOR DR., EAST
City-St-Zip: PALM HARBOR, FL

Title: VSD () Delete
Name: BARRON, SHEILA E.,
Address: 309 ARBOR DR., EAST
City-St-Zip: PALM HARBOR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: BARRON, FLORENTINO J, .
Address: 309 ARBOR DR., EAST
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VSD (X) Change () Addition
Name: BARRON, SHEILA E.,
Address: 309 ARBOR DR., EAST
City-St-Zip: PALM HARBOR, FL 34683 US

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: SHEILA E. BARRON

VSD

01/10/2004

Electronic Signature of Signing Officer or Director

Date