


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 8:00 am
Secretary of State

01-06-2005 90001 010 ***150.00

DOCUMENT # J52779 1. Entity Name CASTAWAYS OF COCOA BEACH, INC.			
Principal Place of Business 4301 OCEAN BCH BLVD COCOA BEACH, FL 32931		Mailing Address C/O LEONARD 1485 N ATLANTIC AV #112 COCOA BEACH, FL 32931	
2. Principal Place of Business 1485 N Atlantic Ave Suite, Apt. #, etc. 102		3. Mailing Address C/O Leonard Suite, Apt. #, etc. 1485 N Atlantic Ave #102	
City & State Cocoa Beach, FL		City & State Cocoa Beach, FL	
Zip FL	Country U.S.	Zip 32931	Country U.S.
4. FEI Number 59-2762894		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONARD, L. GEORGE 1485 N ATLANTIC AVE #112 COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name L. George Leonard Street Address (P.O. Box Number is Not Acceptable) 1485 N Atlantic Ave #102 City Cocoa Beach FL Zip Code 32931	
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 <u>L. George Leonard</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTSD BOLGER, JOHN W JR 549 HIGHWAY A1A SATellite BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PTSD John W Bolger, Jr. 314 Brightwaters Drive Cocoa Beach, FL 32931	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LEONARD, L G 1485 N. ATLANTIC AVE COCO BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>L. George Leonard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

50000193



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