

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90661 019 ***150.00

DOCUMENT # L02360

1. Entity Name

CASTLEMINE PROPERTIES, INC.



Principal Place of Business

157 E 8TH ST, STE 116
JACKSONVILLE FL 32206

Mailing Address

10015-10 HAYNES BRIDGE RD.
ALPHARETTA GA 30022-1909
US

2. Principal Place of Business

333 W. 4th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number

59-3001792

Applied For

Not Applicable

Zip

32206

Country

DUVAL

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALSH, JOHN E

333 W. 4TH ST.
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

Name

BRYANT, Michael

Street Address (P.O. Box Number is Not Acceptable)

333 W. 4th Street

City

JACKSONVILLE

FL

Zip Code

32206

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

Michael BRYANT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael Bryant 4/8/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME WALSH, JOHN E.
STREET ADDRESS 10015-10 HAYNES BRIDGE RD.
CITY-ST-ZIP ALPHARETTA GA 30022-1909

TITLE VP ☐ Delete
NAME WALSH, CAROL
STREET ADDRESS 10015-10 HAYNES BRIDGE RD.
CITY-ST-ZIP ALPHARETTA GA 30022-1909

TITLE T ☒ Delete
NAME BRYANT, MICHAEL
STREET ADDRESS 10015-10 HAYNES BRIDGE RD.
CITY-ST-ZIP ALPHARETTA GA 30022-1909

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Change ☐ Addition
NAME BRYANT, Michael
STREET ADDRESS 333 W. 4th St.
CITY-ST-ZIP JACKSONVILLE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/7/04 678-319-4182

Date

Daytime Phone #