

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L45631

Entity Name: CASTLE SUITE, INC.

FILED  
Mar 19, 2006  
Secretary of State

## Current Principal Place of Business:

4320 W. VINE STREET  
KISSIMMEE, FL 34746 US

## New Principal Place of Business:

4740 WEST HWY 192  
KISSIMMEE, FL 34746 US

## Current Mailing Address:

5055 WEST HIGHWAY 192  
KISSIMMEE, FL 34746 US

## New Mailing Address:

4740 WEST HWY 192  
KISSIMMEE, FL 34746 US

FEI Number: 59-2984873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUCIK, JOHN  
2147 WHITFIELD LN  
ORLANDO, FL 32835 US

## Name and Address of New Registered Agent:

KUCIK, JOHN  
719 EAST RIDGEWOOD  
ORLANDO, FL 32803 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:

03/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPTS ( ) Delete  
Name: KUCIK, JOHN  
Address: 1988 SIRLANCELOT CIRCLE  
City-St-Zip: ST. CLOUD, FL 34772

Title: TD ( ) Delete  
Name: KUCIK, JAMES  
Address: 1988 SIRLANCELOT CIRCLE  
City-St-Zip: ST. CLOUD, FL 34772

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change ( ) Addition  
Name: KUCIK, JOHN  
Address: 719 EAST RIDGEWOOD  
City-St-Zip: ORLANDO, FL 32803

Title: TD (X) Change ( ) Addition  
Name: KUCIK, JAMES  
Address: 719 EAST RIDGEWOOD  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN KUCIK

DPTS

03/19/2006

Electronic Signature of Signing Officer or Director

Date