

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

May 03, 2004 08:00 AM  
Secretary of State

DOCUMENT # P01000013967

1. Entity Name  
KASTELROCK MANAGEMENT INC.



Principal Place of Business

3003 BLAKELY DR.  
ORLANDO, FL 32835

Mailing Address

3003 BLAKELY DR.  
ORLANDO, FL 32835



05012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3699576

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

RAMDASS, AMAR  
3003 BLAKELY DR.  
ORLANDO, FL 32835

DO NOT WRITE  
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME RAMDASS, AMAR  
STREET ADDRESS 3003 BLAKELEY DRIVE  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE S  
NAME RAMDASS, MITLA  
STREET ADDRESS 3003 BLAKELY DR.  
CITY-ST-ZIP ORLANDO, FL 32833

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000154144  
05/04/04-80155-011 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

4-30-04 407-294-1010  
Date Daytime Phone #