

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-18-2004 90019 028 ***150.00

DOCUMENT # P01000050852 1. Entity Name CASTLE IN THE SKY, INC.					
Principal Place of Business 420 FLAMINGO CIR. PALM HARBOR FL 34683 US			Mailing Address P O BOX 172 CRYSTAL BEACH FL 34681 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3729903	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TEESE, MICHAEL 420 FLAMINGO CIR. PALM HARBOR FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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><i>Michael Teese</i></u> President <u><i>Michael Teese</i></u> 3/3/04 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME TEESE, MICHAEL STREET ADDRESS 420 FLAMINGO CIR. CITY- ST- ZIP PALM HARBOR FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
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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><i>Michael Teese</i></u> President <u><i>3/3/04</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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