

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098757

FILED
Apr 06, 2004
Secretary of State

Entity Name: CASTLE HOME FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1304-A ATLANTIC BLVD.
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1304-A ATLANTIC BLVD.
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-1144085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEMORE, ANTOINETTA
1304-A ATLANTIC BLVD.
POMPANO BEACH, FL 33060

Name and Address of New Registered Agent:

DEMORE, THOMAS
1304-A E. ATLANTIC BL.
POMPANO BEACH, FL 33060

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: THOMAS DEMORE

04/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: DENMORE, ANTOINETTA
Address: 2880 N.E 14TH STREET, #312
City-St-Zip: POMPANO BEACH, FL 33062

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: DEMORE, THOMAS
Address: 1201 S. POWERLINE RD. #313
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Change (X) Addition
Name: TRAPANESE, ALBERT
Address: 1304 A E. ATLANTIC BL.
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS DEMORE

P

04/06/2004

Electronic Signature of Signing Officer or Director

Date