## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000098757

Entity Name: CASTLE HOME FINANCIAL SERVICES, INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1304-A ATLANTIC BLVD. POMPANO BEACH, FL 33060		1304 ATLANTIC BLVE POMPANO BEACH, F		
Current Mailing Address:		New Mailing Address	<b>::</b>	
1304-A ATLANTIC BL' POMPANO BEACH, F		1304 ATLANTIC BLVE POMPANO BEACH, F	<del>-</del> -	
FEI Number: 65-1144085	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
DEMORE, THOMAS 1304-A E. ATLANTIC POMPANO BEACH, F	<del>==</del> :	DEMORE, THOMAS 1201 S. POWERLINE POMPANO BEACH, F		
The above named enti in the State of Florida.	ty submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: THOM	AS J. DEMORE		04/26/2005	
Elect	ronic Signature of Registered Ag	ent	Date	
Election Campaign Finance	cing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P	( ) Delete	Title:	( ) Change ( ) Addition	

 Title:
 P () Delete
 Title:
 () Change (

 Name:
 DEMORE, THOMAS
 Name:

 Address:
 1201 S. POWERLINE RD. #313
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33069
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 TRAPANESE, ALBERT
 Name:

 Address:
 1304 A E. ATLANTIC BL.
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33060
 City-St-Zip:

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 J. DEMORE P 04/26/2005