

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 25, 2005 08:00 AM  
Secretary of State

DOCUMENT # P01000107221

1. Entity Name

CASTRO Y. FERRER, INC.



Principal Place of Business

10161 CENTURION PARKWAY NORTH SUITE 1  
JACKSONVILLE FL 32256

Mailing Address

10161 CENTURION PARKWAY NORTH SUITE  
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3755524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUSS, JOHN S IV  
10161 CENTURION PARKWAY NORTH SUITE 150  
JACKSONVILLE FL 32256

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	SISK, JOHN K	
STREET ADDRESS	10161 CENTURION PARKWAY NORTH SUITE 150	
CITY- ST- ZIP	JACKSONVILLE FL 32256	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	CLARK, ERNESTINE L	
STREET ADDRESS	10161 CENTURION PKWY N # 150	
CITY- ST- ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000276208  
03/25/05-90031-010-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Ernestine L. Clark - Ernestine L. Clark 3/22/05 (904) 620-0994