
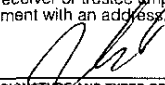


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90174 047 \*\*\*150.00

<b>DOCUMENT # P01000110486</b> 1. Entity Name <b>CASTO PARKSIDE CORPORATION</b>					
Principal Place of Business <b>191 W. NATIONWIDE BLVD. SUITE 200 COLUMBUS, OH 43215-2568</b>			Mailing Address <b>191 W. NATIONWIDE BLVD. SUITE 200 COLUMBUS, OH 43215-2568</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
4. FEI Number <b>35-2158596</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>GREENE, ROBERT F ESQ 1301 SIXTH AVENUE W SUITE 400 BRADENTON, FL 34205</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTO, DON M III <input type="checkbox"/> Delete 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKEMAN, PAUL G. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 191 W. NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215-2568	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENSON, FRANK S III <input type="checkbox"/> Delete 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIAT, WILLIAM J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 191 W. NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215-2568	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUTCHENS, J. BRETT <input type="checkbox"/> Delete 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HUTCHENS, J. BRETT 401 N. CATTLEMEN ROAD, STE. 108 SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUTTON, STEPHEN E <input type="checkbox"/> Delete 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, ANTHONY A <input type="checkbox"/> Delete 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.					
<b>SIGNATURE:</b> 		<b>DON M. CASTO, III</b>		4/27/04	614-228-5331
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	