


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000110486
1. Entity Name
CASTO PARKSIDE CORPORATION



Principal Place of Business
191 W. NATIONWIDE BLVD.
SUITE 200
COLUMBUS, OH 43215-2568

Mailing Address
191 W. NATIONWIDE BLVD.
SUITE 200
COLUMBUS, OH 43215-2568

DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
35-2158596

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, ROBERT F ESQ
1301 SIXTH AVENUE W SUITE 400
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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)

U00000360187
05/05/05-80020-019 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTO, DON M III 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENSON, FRANK S III 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUTCHENS, J. BRETT 401 N. CATTLEMEN ROAD, STE. 108 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUTTON, STEPHEN E 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, ANTHONY A 191 W. NATIONWIDE BLVD., STE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKEMAN, PAUL G 191 W. NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 432152568

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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: Frank S. Benson III April 28, 2005 614-228-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #