

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 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**



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **35-2158596** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees 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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CASTO, DON M III
STREET ADDRESS 191 W. NATIONWIDE BLVD., STE 200
CITY-ST-ZIP COLUMBUS, OH 432152568

TITLE VP
NAME BENSON, FRANK S III
STREET ADDRESS 191 W. NATIONWIDE BLVD., STE 200
CITY-ST-ZIP COLUMBUS, OH 432152568

TITLE VD
NAME HUTCHENS, J. BRETT
STREET ADDRESS 401 N. CATTLEMEN ROAD, STE. 108
CITY-ST-ZIP SARASOTA, FL 34232

TITLE TD
NAME DUTTON, STEPHEN E
STREET ADDRESS 191 W. NATIONWIDE BLVD., STE 200
CITY-ST-ZIP COLUMBUS, OH 432152568

TITLE SD
NAME MARTIN, ANTHONY A
STREET ADDRESS 191 W. NATIONWIDE BLVD., STE 200
CITY-ST-ZIP COLUMBUS, OH 432152568

TITLE D
NAME LUKEMAN, PAUL G
STREET ADDRESS 191 W. NATIONWIDE BLVD., STE. 200
CITY-ST-ZIP COLUMBUS, OH 432152568

UN0000544044
05/11/06-80020-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 address, with authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06