

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
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**



04192007 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 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

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, 2007 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**

U00000760810
05/25/07-80030-004 150.00

**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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

941-552-2700

Date

Daytime Phone #