


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # P01000110486 1. Entity Name CASTO PARKSIDE CORPORATION	
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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
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2158596	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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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) _____ 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

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05/25/07-80030-004 150.00

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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: Paul G Lukiman 4/23/07 941-552-2700

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