


FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90034 008 ***155.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000018272			
1. Entity Name CASTLE POST, INC.			
Principal Place of Business 3000 HOLIDAY DR #401 FT LAUDERDALE, FL 33316		Mailing Address 3000 HOLIDAY DR #401 FT LAUDERDALE, FL 33316	
2. Principal Place of Business 4001 HILLCREST DR Suite, Apt. #, etc. 801		3. Mailing Address 4001 HILLCREST DR Suite, Apt. #, etc. 801	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33021		Country BROWARD	
4. FEI Number 01-0604047		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTELLANO, STEPHEN A 3000 HOLIDAY DR #401 FT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name CASTELLANO STEPHEN A Street Address (P.O. Box Number is Not Acceptable) 4001 HILLCREST DR #801 City HOLLYWOOD FL Zip Code 33021	
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 <u>Stephen Castellano</u> <u>STEPHEN A CASTELLANO</u> <u>04/05/04</u> 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANO, STEPHEN A 3000 HOLIDAY DR #401 FT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANO STEPHEN A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4001 HILLCREST DR #801 HOLLYWOOD FL 33021
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
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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)(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: <u>Stephen Castellano</u>		04/05/04 9549871407	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	