## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000018272**

1. Entity Name CASTLE POST, INC.



FILED Feb 22, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3080 NE 47TH COURT

3080 NE 47TH COURT

208

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33308 US

FORT LAUDERDALE, FL 33308

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No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0604047

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTELLANO, STEPHEN A 3080 NE 47TH COURT #208

## DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33308			IN THIS SPACE		
the obligat	tions of registered agent.	ourpose of changing its registered offi	ce or registered agent, or t	ooth, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE			ogent signature required when reinstating)  DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000643806 03/02/07-80017-009 150.00	
10. OFFICERS AND DIRECTORS				<del></del>	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANO, STEPHEN A 3080 NE 47TH COURT #208 FORT LAUDERDALE, FL 33308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	
TITLE NAME				·	;

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 attagmment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/07

924311942

Daytime Phons #