

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000037141 1. Entity Name CASTLE CARPETS & INTERIORS, INC.	
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Principal Place of Business 6715 SW HWY 200 OCALA, FL 34476	Mailing Address 6715 SW HWY 200 OCALA, FL 34476
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U000000371302
07/07/05-80012-005 150.00



07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0668665	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANDY, RICHARD M 704 SE 3RD AVE. OCALA, FL 34478	DO NOT WRITE IN THIS SPACE
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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 releasing) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANDEVEN, JANICE M 6715 SW HWY 200 OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERGUSON, ROBERT 2422 NE 14TH AVE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____

Janice Vandeven

7/5/05

352-8543939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #