


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90002 035 \*\*\*158.75

<b>DOCUMENT # P02000043039</b>	
1. Entity Name <b>KEEPERS OF THE CASTLE, INC.</b>	

Principal Place of Business <b>6222 TOWER LN., B-6 SARASOTA, FL 34240</b>	Mailing Address <b>6222 TOWER LN., B-6 SARASOTA, FL 34240</b>
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**54060116**



2. Principal Place of Business <b>1747 Cattlemen Road</b>	3. Mailing Address <b>1747 Cattlemen Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07012004 Chg-P CR2E034 (10/03)

City & State <b>Sarasota, FL</b>	City & State <b>Sarasota, FL</b>
Zip <b>34232</b>	Zip <b>34232</b>
Country	Country

4. FEI Number <b>02-0586437</b>	Applied For <input type="checkbox"/> Not Applicable
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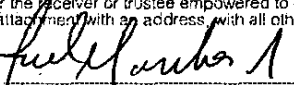
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CASWELL, CHRIS 6222 TOWER LN., SUITE B-6 SARASOTA, FL 34240</b>	7. Name and Address of New Registered Agent Name <b>Paul Marchese</b> Street Address (P.O. Box Number is Not Acceptable) <b>1747 Cattlemen Road</b> City <b>Sarasota</b> FL Zip Code <b>34232</b>
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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:  <b>Paul Marchese</b>	DATE: <b>07/01/04</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MARCHESE, PAUL 6222 TOWER 8-6 SARASOTA, FL 34240</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Paul Marchese 1747 Cattlemen Road Sarasota, FL 34232</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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:  <b>PAUL MARCHESE</b>	Date: <b>7-1-04</b> (941) 343-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	