2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000014641

1. Entity Name
CASTO-OAKBRIDGE CORPORATION

Principal Place of Business	Mailing Address
191 W. NATIONWIDE BLVD SUITE 200 COLUMBUS, OH 43215	191 W. NATIONWIDE BLVD SUITE 200 COLUMBUS, OH 43215

04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0562346
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000003E5417
05/10/05-80010-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CASTO, III, DON M
STREET ADDRESS	191 W. NATIONWIDE BLVD., SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568
TITLE	VD
NAME	BENSON, III, FRANK S
STREET ADDRESS	191 W. NATIONWIDE BLVD., SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568
TITLE	VD
NAME	HUTCHENS, J. BETTY
STREET ADDRESS	191 W. NATIONWIDE BLVD., SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568
TITLE	TD
NAME	DUTTON, STEPHEN E
STREET ADDRESS	191 W. NATIONWIDE BLVD., SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568
TITLE	SD
NAME	MARTIN, ANTHONY A
STREET ADDRESS	191 W. NATIONWIDE BLVD., SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568
TITLE	D
NAME	LUKEMAN, PAUL G
STREET ADDRESS	191 W. NATIONWIDE BLVD., SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568

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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: _____ Frank S. Benson III April 28, 2005 614-228-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #