


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90040 032 \*\*\*150.00

94032069



<b>DOCUMENT # P03000066240</b>																										
1. Entity Name <b>CASTELMAN PROPERTY MANAGEMENT, INC.</b>																										
Principal Place of Business <b>146 BURRELL CIRCLE KISSIMMEE, FL 34744 US</b>			Mailing Address <b>146 BURRELL CIRCLE KISSIMMEE, FL 34744 US</b>																							
2. Principal Place of Business			3. Mailing Address																							
Suite, Apt. #, etc.			Suite, Apt. #, etc.																							
City & State			City & State																							
Zip	Country	Zip	Country	4. FEI Number <b>03 0521019</b>																						
				Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																						
<b>HAYMAN, DAVID</b> <b>146 BURRELL CIRCLE</b> <b>KISSIMMEE, FL 34744</b>				Name																						
				Street Address (P.O. Box Number is Not Acceptable)																						
				City																						
				State <b>FL</b> Zip Code																						
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><i>DAVID HAYMAN</i></u> <span style="float: right;">03/09/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution <b>\$5.00</b> May Be Added to Fees																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P/D</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WESLEY, GILLIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>146 BURRELL CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KISSIMMEE, FL 34744</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P/D	<input type="checkbox"/> Delete	NAME	WESLEY, GILLIAN		STREET ADDRESS	146 BURRELL CIRCLE		CITY-ST-ZIP	KISSIMMEE, FL 34744		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>DAVID HAYMAN</i></u> <span style="float: right;">03/09/04 4079620146</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																										