

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000066240 1. Entity Name CASTLEMAN PROPERTY MANAGEMENT INC					
Principal Place of Business 146 BURRELL CIRCLE KISSIMMEE, FL 34744 US			Mailing Address 146 BURRELL CIRCLE KISSIMMEE, FL 34744 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03132005 Chg-P CR2E034 (10/03)	
Zip Country		Zip Country		4. FEI Number 03-0521019	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HAYMAN, DAVID 146 BURRELL CIRCLE KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ (Signature typed or printed name of registered agent is not acceptable. (NOTE: registered Agent signature required when revoking))					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/D WESLEY, GILLIAN 146 BURRELL CIRCLE KISSIMMEE, FL 34744	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000313312 04/18/05-00122-002 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP/D HAYMAN, DAVID 146 BURRELL CIRCLE KISSIMMEE, FL 34744	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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>DAVID HAYMAN</u> <u>VP/D</u> <u>04/13/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Year					