

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000100903

1. Entity Name
CASTLES AGENT REFERRAL SYSTEM, INC.



Principal Place of Business

219 N DIXIE HWY
LAKE WORTH, FL 33460

Mailing Address

219 N DIXIE HWY
LAKE WORTH, FL 33460



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0552636

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, JAMES F
219 N DIXIE HWY
LAKE WORTH, FL 33460

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE P
NAME MILLER, JAMES F
STREET ADDRESS 219 N DIXIE HWY
CITY - ST - ZIP LAKE WORTH, FL 33460

TITLE V
NAME ANSARA, N. RONALD
STREET ADDRESS 1850 SW FOUNTAINVIEW BLVD #102
CITY - ST - ZIP ST LUCIE WEST, FL 34986

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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02/19/05-81010-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05