2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED

Mar 11, 2004 8:00 am Secretary of State

03-11-2004 90023 022 ***150.00 DOCUMENT # P03000128320 CASTELLINO MASONRY, INC. Principal Place of Business Mailing Address 24019229 13349 156TH STREET N 13349 156TH STREET N JUPITER, FL 33478 JUPITER, FL 33478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 CR2E034 (10/03) Chg-P 4. FEI Number 43- 70 34 70 Applied For City & State City & State Country_ _Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent CASTELLANO, ROBERT'S A Street Address (P.O. Box Number is Not Acceptable) 13349 156TH STREET N JUPITER, FL 33478 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n 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 renstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change noitibbs | CASTELLINO, ROBERT S NAME 13349 156TH STREET N STREET ADDRESS STREET ADDRESS JUPITER, FL 33478 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete IIIIE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CHY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of the corporation or the receiver or truestee 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 additions, with all other likes abnowment.

SIGNATURE: