2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State
05-09-2008 90011 007 ***150.00

DOCUMENT # P03000152146

1. Entity Name
CASTRO CONSTRUCTION & DEVELOPMENT, INC

Principal Place of Business	Mailing Address
8617 JACKSON SPRINGS TAMPA FL 33615	8617 JACKSON SPRINGS TAMPA FL 33615

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #: 8617 JACKSON SPRINGS RD	3. Mailing Address: 8617 JACKSON SPRINGS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA Fl	City & State: TAMPA Fl
Zip: 33615 Country: Hillsborough	Zip: 33615 Country: Hillsborough

4. FEI Number 26-0076727 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASTRO, MIGUEL S
8617 JACKSON SPRINGS
TAMPA FL 33615

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 [signature] MIGUEL S. CASTRO 4/20/08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PVTS	☐ Delete
NAME	CASTRO, MIGUEL S	
STREET ADDRESS	8617 JACKSON SPRINGS RD	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	SV	☐ Delete
NAME	CASTRO, MIGUEL S	
STREET ADDRESS	8617 JACKSON SPRINGS RD	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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] MIGUEL S. CASTRO 4/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #