


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90025 040 \*\*\*150.00

<b>DOCUMENT # P04000065145</b> 1. Entity Name CASTLEMONSTER, INC.	
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Principal Place of Business 10245 CENTURION PARKWAY NORTH SUITE 105 JACKSONVILLE, FL 32256	Mailing Address 10245 CENTURION PARKWAY NORTH SUITE 105 JACKSONVILLE, FL 32256
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**DO NOT WRITE IN THIS SPACE**

40056401



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3632874	Applied For 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  CASTLE, JONATHAN N 10245 CENTURION PARKWAY NORTH SUITE 105 JACKSONVILLE, FL 32256
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTLE, JONATHAN N 13819 IBIS PT BLVD JACKSONVILLE, FL 322241394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASH, MICHELLE L 13819 IBIS PT BLVD JACKSONVILLE, FL 322241394
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  JONATHAN N. CASTLE, Dir. 4/6/07 (904) 861-0093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #