

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086475

FILED
Jan 03, 2008
Secretary of State

Entity Name: CASTLEWOOD FARMS, INC.

Current Principal Place of Business:

4596 WINDWARD COVE LN
WELLINGTON, FL 33467

New Principal Place of Business:

4719 130TH AVE SOUTH
WELLINGTON, FL 33414

Current Mailing Address:

4596 WINDWARD COVE LN
WELLINGTON, FL 33467

New Mailing Address:

4596 WINDWARD COVE LN
WELLINGTON, FL 33449

FEI Number: 20-1210166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOROTKIN, KIRSTY
4596 WINDWARD COVE LN
WELLINGTON, FL 33467 US

Name and Address of New Registered Agent:

KOROTKIN, KIRSTY
4596 WINDWARD COVE LN
WELLINGTON, FL 33449 US

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.

SIGNATURE: KIRSTY KOROTKIN

01/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOROTKIN, ALAN
Address: 4596 WINDWARD COVE LN
City-St-Zip: WELLINGTON, FL 33467

Title: DVP () Delete
Name: KOROTKIN, KIRSTY
Address: 4596 WINDWARD COVE LN
City-St-Zip: WELLINGTON, FL 33467

Title: C () Delete
Name: SIM, ROGER
Address: 4596 WINDWARD COVE LN
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRSTY KOROTKIN

DVP

01/03/2008

Electronic Signature of Signing Officer or Director

Date