

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000013233

Entity Name: MARK W. CASTEEL, P.A.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 14723
FORT LAUDERDALE, FL 33302

New Principal Place of Business:

641 BEARD STREET
TALLAHASSEE, FL 32303

Current Mailing Address:

POST OFFICE BOX 14723
FORT LAUDERDALE, FL 33302

New Mailing Address:

641 BEARD STREET
TALLAHASSEE, FL 32303

FEI Number: 20-2259947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTEEL, MARK W
633 SOUTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

CASTEEL, MARK W
641 BEARD STREET
TALLAHASSEE, FL 32303 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: MARK W. CASTEEL

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTEEL, MARK W
Address: POST OFFICE BOX 14723
City-St-Zip: FORT LAUDERDALE, FL 33302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CASTEEL, MARK W
Address: 641 BEARD STREET
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK W. CASTEEL

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date