2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# P07000117916

Entity Name: THE CASTLEBERRY TEAM INC.

Current Principal Place of Business:

347 BAYSHORE DRIVE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

347 BAYSHORE DRIVE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBSEN, KRISTI
347 BAYSHORE DRIVE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CASTLEBERRY, JOE
Address: 347 BAYSHORE DRIVE
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD ( ) Delete
Name: CASTLEBERRY, ROBERT V
Address: 5215 SEMINOLE CT
City-St-Zip: CAPE CORAL, FL 33904

Title: TSD ( ) Delete
Name: JACOBSEN, KRISTI
Address: 347 BAYSHORE DRIVE
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete
Name: CASTLEBERRY, MICHAEL
Address: 2926 SE 8TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D ( ) Change (X) Addition
Name: CASTLEBERRY, ROBERT P
Address: 5215 SEMINOLE CT
City-St-Zip: CAPE CORAL, FL 33904

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: KRISTI K JACOBSEN TSD 03/19/2008
Electronic Signature of Signing Officer or Director — Date