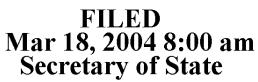
## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR)** DOCUMENT # P93000043614 1. Entity Name



CASTLE LAND PUBLISHING, INC.					03-18-2004 90051 01	ə <b>***</b> 150.0	00
Principal Plac	a of Business	Mailing Address					
Principal Place of Business 800 N.W. 31ST AVENUE #2048 POMPANO BEACH FL 33069		P.O. BOX 50352 LIGHTHOUSE POINT FL 33074-0352					
					A ANDRIBER HIN ANIMA COCCA MAINI MAINI AGRAL GARRE ELSA	A IRRIA BREN NAME ANT	
Principal Place of Business****     3. Mailing Addr.							
					i jouluun iin läien liin kalin eelik eelik eelik eisi eelik	<u> </u>	
Suite, Apt. #retc.		Suite, Apt. #, etc.			MOORE CR2E034	(11/03)	
City & State		City & State		<b>4.</b> F	65-0420713	_ <del>                                    </del>	pplied For of Applicable
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent	1	7. 1	tame and Address of New Registered	<del></del>	
	10 - 8at		Name				
JOHNSON, PAUL C				Street Address (P.O. Box Number is Not Acceptable)			
477	1 NE 22ND AVE		Street Address (		lox Number is Not Acceptable)		
LIGHTHOUSE POINT FL 33064							
			City		FL	Zip Code	e
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE							
Construence en acces	en op had german ein og sjeldar i de greg en en generalen.	Sandana (AC	re. registered Agent signature redu	JA BCI WATER TE	DATE	<del>.</del>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing     Trust Fund Contribution.  [	\$5.0 □ Added	May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.	AD	L DITIONS/CHANGES TO OFFICERS ANI	DIRECTOR	S IN 11
TITLE	PD	☐ Delete	TITLE			☐ Change	Addition
NAME	JOHNSON, PAUL C		NAME				
STREET ADDRESS	4771 NE 22ND AVE		STREET ADDRESS				
CITY-ST-ZIP	LIGHTHOUSE POINT FL		CITY-ST-ZIP				
TITLE	VD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME CTREET LODDESO	JOHNSON, JOYCE L		NAME				
STREET ADDRESS CITY-ST-ZIP	4771 NE 22ND AVE LIGHTHOUSE POINT FL		STREET ADDRESS CITY-ST-ZIP		ما المنتخب والموسود المقام الما الما	فرخاه سيرسنك	<del></del>
TITLE	VD VD	□ Delete	TITLE			Change	Addition
NAME		☐ Delete	NAME			C CHAINGE	Addition
STREET ADDRESS	4771 NE 22ND AVE		STREET ADDRESS	-	and the state of t		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		•	Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		·		
TITLE		☐ Delete	TITLE			Change	Addition Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		•		
	Certify that the information supplied with	this filing does not qualify for		Section	119 07(3Vi) Florida Statutes I further or	rtify that the i	nformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 effects as if made under oath; that I am an ordinary of the control of t							

changed, or on an attachment with

SIGNATURE: