2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000043614

1. Entity Name

CASTLE LAND PUBLISHING, INC.



FILED Mar 20, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

800 N.W. 31ST AVENUE #2048 POMPANO BEACH, FL 33069 P.O. BOX 50352 LIGHTHOUSE POINT, FL 33074-0352



DO NOT WRITE IN THIS SPACE

03172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0420713 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Davimo Phone R

6. Name and Address of Current Registered Agent

JOHNSON, PAUL C 4771 NE 22ND AVE LIGHTHOUSE POINT, FL 33064

DO NOT WRITE IN THIS SPACE

• 7	and a fine a back of the state	veges of sharping Pa regists	od office or	ranistored agent, or bo	oth, in the State of Florida, 1 am familiar with, and accept	
the obligati	named entity submits this statement to line prions of registered agent.	urpose or changing its registe	ed wilce or	registered agent, or po	are all the class of thomos, it sufficiently that are except	
SIGNATURE Signature, typed or printed name of registered agent and title if epipticable (RIGTE: Registered			ed Agent signatur	Agent signature required when reinstating) (DATE - CARA (DECEMBER AGENT)		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution			04/04/06-80025-018 150.00	
10.	OFFICERS AND DIREC	TORS	T			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, PAUL C 4771 NE 22ND AVE LIGHTHOUSE POINT, FL					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VD JOHNSON, JOYCE L 4771 NE 22ND AVE LIGHTHOUSE POINT, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HORNE, WENDY J 4771 NE 22ND AVE LIGHTHOUSE POINT, FL 33064			DO NOT WRITE		
INLE NAME STREET AGGRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE MAME STREET ADDRESS GITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby to indicated of the core	certify that the information supplied with this fill on this report to supplemental report is true a protation or the receiver or trustee empowered, or on an attagbment with an address, with all	ling does not qualify for the e and accurate and that my sign to execute this report as requ other like empowered.	xemptions co ature shall ha ulred by Cha	ontained in Chapter 11 ave the same legal effe pter 607, Florida Statut	9. Florida Statutes. I further certify that the information ct as if made under cath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if	

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR