2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 15, 2006 8:00 am Secretary of State

ANNUAL REPORT (AR)			7 10 13, 2000 0.00 am
DOCUMENT # P94000044579 1. Entity Name			Secretary of State 03-15-2006 90099 027 ***150.00
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CASTERS, INC.			
Principal Place of Business	Mailing Address	- 400	District the second
3610 N PALAFOX ST 261	-2610 N PALAFOX ST	1)00	O.E.
PENSACOLA FL 32505	PENSACOLA FL 32505	PAD	ORES TO THE REST OF THE PARTY O
2. Principal Place of Business	3. Mailing Address 3616 N-	Palatoxsl	(1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982)
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State	Pensacola		4. FEI Number
Zip Country	Zip 32 SO S	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
GLOVER, ROBERT G			
3610 N PALAFOX ST PENSACOLA FL 32505		Street Address	(P.O. Box Number is Not Acceptable)
PENSACOLA FL 32303			
		City	FL Zip Code
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 privited name of registered agen	and little if applicable (NOTE-	Registered Agent signature requir	ad when renstaling) DATE
FILE NOW!!! FEE IS \$150.00			
After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Br Trust Fund Contribution. Added to Fees
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P	☐ Delete	TITLE	☐ Change ☐ Addilio
NAME GLOVER, ROBERT STREET ADDRESS 5003 SKYLARK CT		NAME STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		CITY-ST-ZIP	
TITLE ST	☐ Delete	TITLE	☐ Change ☐ Additio
NAME GLOVER, JEAN		NAME	
STREET ADDRESS 5003 SKYLARK CT		STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP PENSACOLA FL	☐ Nolota		☐ Change ☐ Additio
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Detete	THTLE	Change Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST- ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME CONTENT A DODGE CO		NAME	
STREET ADDRESS CITY-ST- ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change Addition
NAME	<u> </u>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
 I hereby certify that the information supplied windicated on this report or supplemental report. 	th this filling does not qualify for is true and that m	or the exemptions contain by signature shall have th	ned in Section 119, Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director

12. Thereby certify that the information supplies with this filing does not quality for the exemptions contained in Section 119, Horida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and that my 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 flustre empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachment with a address with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

434.8338