

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90324 003 ***150.00

DOCUMENT # P95000078364

1. Entity Name
M. S. CASTLE, INC.



Principal Place of Business
915 S.E 47TH TERR.
CAPE CORAL, FL 33990 US

Mailing Address
915 S.E 47TH TERR.
CAPE CORAL, FL 33904

50010224



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0611986	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LARROW, PAUL
3501 DEL PRADO BLVD SUITE 312
CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CRANFORD, SHELLY M 3730 SW 4TH LANE CAPE CORAL, FL 33991
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CRANFORD, DAVID 3730 SW 4TH LANE CAPE CORAL, FL 33991
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shelly Cranford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06
Date

2394780001
Daytime Phone #