

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000078364

Entity Name: M. S. CASTLE, INC.

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

915 S.E 47TH TERR.  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

915 S.E 47TH TERR.  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

FEI Number: 65-0611986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOORE, LORI L  
3501-211 DEL PRADO BLVD.  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

MOORE, LORI L  
3501 DEL PRADO BLVD.  
212  
CAPE CORAL, FL 33904 US

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: LORI MOORE

Electronic Signature of Registered Agent

01/04/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: CRANFORD, SHELLY M  
Address: 915 SE 47TH TER  
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: LORI MOORE

Electronic Signature of Signing Officer or Director

RA

01/04/2011

Date