

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000086684	
1. Entity Name LITTLE CASTLES OF SANIBEL, INC.	

Principal Place of Business 4760 RUE HELENE SANIBEL, FL 33957	Mailing Address 4760 RUE HELENE SANIBEL, FL 33957
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04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3544164	Applied For (Not Applicable)
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MURTY, TIMOTHY J 1633 PERIWINKLE WAY, STE. A SANIBEL, FL 33957

**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 _____ (NOTE: Registered Agent's signature required when recasting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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-STATE-ZIP	DP CASTELLITTO, DONALD J 1 NORTH AVE. MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV CASTALDO, JOHN E 4760 RUE HELENE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DST CASTELLITTO, GLORIA A 1 NORTH AVE. MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CASTALDO, LAURIE A 4760 RUE HELENE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

1000000364508
05/06/05-80047-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Donald J. Castellitto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/2005
Date Daytime Phone #