


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90149 036 ***150.00

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
---	---

50020715



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3544164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____
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	DP CASTELLITTO, DONALD J 1 NORTH AVE. MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CASTALDO, JOHN E 4760 RUE HELENE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CASTELLITTO, GLORIA A 1 NORTH AVE. MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTALDO, LAURIE A 4760 RUE HELENE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 Donald Castellitto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/2006
Date Daytime Phone #