

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000096082

1. Entity Name
J L CASTRO, INC.



Principal Place of Business
8951 BONITA BEACH ROAD
SUITE 525-171
BONITA SPRINGS, FL 34135

Mailing Address
8951 BONITA BEACH ROAD
SUITE 525-171
BONITA SPRINGS, FL 34135



05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0878805

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CASTRO, JOSE L
8951 BONITA BEACH ROAD
SUITE 525-171
BONITA SPRINGS, FL 34135

**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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CASTRO, JOSE L**
STREET ADDRESS **8951 BONITA BEACH ROAD SUITE 525-171**
CITY - ST - ZIP **BONITA SPRINGS, FL 34135**

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U00000159847
05/12/04-80002-002 158.75

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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)(i), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **05-04-04** **Daytime Phone #**