


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000005789

1. Entity Name
CASTOR CONSTRUCTION COMPANY, INC.



Principal Place of Business
2307 HARGILL DRIVE
ORLANDO, FL 32806 US

Mailing Address
2307 HARGILL DRIVE
ORLANDO, FL 32806 US

DO NOT WRITE IN THIS SPACE



07042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3551522

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CASTOR, CHRISTOPHER D
2307 HARGILL DRIVE
ORLANDO, FL 32806

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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 signature required when reinstating) _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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	PVPD CASTOR, CHRISTOPHER D 2307 HARGILL DRIVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTOR, JULI M 2307 HARGILL DRIVE ORLANDO, FL 32806
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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:  **7/4/05** **407(857-3564)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #