


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000099255</b> 1. Entity Name <b>CASTLE CONTRACTING &amp; ROOFING CONSULTANTS INC</b>	
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Principal Place of Business <b>1638 EVERGREEN ST. KISSIMMEE, FL 34746</b>	Mailing Address <b>1638 EVERGREEN ST. KISSIMMEE, FL 34746</b>
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01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3623065</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**CASTLE, PARMELA  
1638 EVERGREEN ST.  
KISSIMMEE, FL 34746**

**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 signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDTS CASTLE, PAMELA 1638 EVERGREEN ST. KISSIMMEE, FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CASTLE, LEO 1638 EVERGREEN STREET KISSIMMEE, FL 34746</b>
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04/15/05-80003-024 150.00

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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:** *Pamela R. Castle* **PAMELA R. CASTLE** *President* **4/01/05** **407-908-9609**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #