


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S35162</b> 1. Entity Name <b>LINDSAY, CASTLE ENTERPRISES INCORPORATED</b>	
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Principal Place of Business <b>6396 GOODWAY BROOKSVILLE, FL 34602 US</b>	Mailing Address <b>P O BOX 10040 BROOKSVILLE, FL 34603 US</b>
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**DO NOT WRITE IN THIS SPACE**



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3060079</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CASTILLO, JOSEPH 6396 GOODWAY BROOKSVILLE, FL 34605</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<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	<b>UN0000283227</b> <b>04/01/05-80015-013 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, JOSEPH PO BOX 10040 BROOKSVILLE, FL 34603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VP CASTILLO, JUDY PO BOX 10040 BROOKSVILLE, FL 34603
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>7/24/05</b> <small>Date</small>	<b>352-799-8393</b> <small>Daytime Phone #</small>
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