


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90013 037 ***150.00

DOCUMENT # V16052

1. Entity Name
CASTLE CONSTRUCTION GROUP, INC.



Principal Place of Business Mailing Address

11000 METRO PARKWAY **11000 METRO PARKWAY**
STE 44 **STE 44**
FORT MYERS, FL 33912 US **FORT MYERS, FL 33912 US**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

24027714



03162004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0313697 Not Applicable

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

6. Name and Address of Current Registered Agent

MAS, DAVID
1208 S.W. 50TH ST
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PADS	<input type="checkbox"/> Delete
NAME	MAS, DAVID	
STREET ADDRESS	1208 SW 50TH ST	
CITY- ST- ZIP	CAPE CORAL, FL 33914	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COUILLARD, TOM	
STREET ADDRESS	1433 SW 23 STREET	
CITY- ST- ZIP	CAPE CORAL, FL 33990	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RICHER, TODD	
STREET ADDRESS	1503 NE 2ND TER	
CITY- ST- ZIP	CAPE CORAL, FL 33909	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAS, PATRICIA	
STREET ADDRESS	1208 SW 50 TH STREET	
CITY- ST- ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: *David Mas* **DAVID MAS** 3/16/04 239-931-6550

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