

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000055698

**Entity Name:** SHARON CASLOW, CPA, P.A.

**Current Principal Place of Business:**

165 MONTGOMERY RD  
SUITE 1000  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

165 MONTGOMERY RD  
SUITE 1000  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 59-3728542

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CASLOW, SHARON CPA  
1067 BLACK ACRE TRAIL  
WINTER SPRINGS, FL 32708 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSTD  
Name CASLOW, SHARON  
Address 1067 BLACK ACRE TRAIL  
City-State-Zip: WINTER SPRINGS FL 32708

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHARON CASLOW

**PRESIDENT**

**03/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date