

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90060 038 ***158.75

DOCUMENT # 389442 1. Entity Name CARASTRO & ASSOCIATES, INC.					
Principal Place of Business 2609 W. DE LEON ST TAMPA, FL 33609			Mailing Address 2609 W. DE LEON ST TAMPA, FL 33609		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1384902	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARASTRO, PAUL S. 4501 DATURA AVE TAMPA, FL 33611				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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CARASTRO, SAM 2609 W DE LEON ST TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, KEITH W. 2609 W. DE LEON STREET TAMPA, FL 33609 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARASTRO, GLORIA 2609 W DE LEON ST TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEFANOVICI, GEORGE F. 2609 W. DE LEON STREET TAMPA, FL 33609 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CARASTRO, PAUL 2609 W DE LEON ST TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CRACKOW, FREDERICK S. 2609 W DE LEON ST TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ERICSON, DALE L. 2609 W DE LEON ST TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHERMAN, SANDRA J 2609 W DE LEON ST TAMPA, FL 33609 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/1/2006 Date		813-874-9494 Daytime Phone #	