

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F87803

1. Entity Name
TOWN & COUNTRY SEPTIC TANK, INC.



Principal Place of Business
**151 HARVARD DRIVE
LAKE WORTH, FL 33460**

Mailing Address
**151 HARVARD DRIVE
LAKE WORTH, FL 33460**



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2197673

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOCASTRO, GARY
151 HARVARD DR.
LAKE WORTH, FL 33460**

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

**U00000269269
03/19/05-20004-021 150.00**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------|
| TITLE | PD |
| NAME | LOCASTRO, GARY |
| STREET ADDRESS | 151 HARVARD DR |
| CITY-ST-ZIP | LAKE WORTH, FL |
| TITLE | V |
| NAME | LOCASTRO, KAREN |
| STREET ADDRESS | 151 HARVARD DR. |
| CITY-ST-ZIP | LAKE WORTH, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
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.

SIGNATURE: *Karen Locastro* **KAREN LOCASTRO**

2/9/05

Date Daytime Phone #