

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 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



01252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number  
59-2197673

Applied For  
Not Applicable

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

**5. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000003858  
02/01/07-80066-025 150.00

**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 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: Karen Locastro KAREN LOCASTRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07

Date

Daytime Phone #