

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000047391

Entity Name: KASTER & LYNCH, P.A.

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

125 NE 1ST AVE, SUITE 3  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100  
OCALA, FL 344780100

**New Mailing Address:**

FEI Number: 81-0554454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KASTER, BRUCE R  
125 NE 1ST AVE., SUITE 3  
OCALA, FL 34470 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KASTER, BRUCE R  
Address: 125 NE 1ST AVE, SUITE 3  
City-St-Zip: Ocala, FL 34470

Title: V  
Name: LYNCH, SKIP E  
Address: 125 NE 1ST AVE, SUITE 3  
City-St-Zip: Ocala, FL 34470

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: BRUCE R. KASTER

PRES

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date