

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90230 045 ***150.00

DOCUMENT # P06000072642

1. Entity Name
LESLIE J. CASTALDI, P.A.



Principal Place of Business
**476 HIGHWAY A1A
3A
SATELLITE BEACH, FL 32937**

Mailing Address
**476 HIGHWAY A1A
3A
SATELLITE BEACH, FL 32937**

60043256

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc. **Suite 8A**
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc. **Suite 8A**
City & State
Zip Country



04192007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4932269

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

6. Name and Address of Current Registered Agent
**AMY B. VAN FOSSEN, P.A.
476 HIGHWAY A1A
3A
SATELLITE BEACH, FL 32937**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 8A (changed from 3A)
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) 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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASTALDI, LESLIE J 476 HIGHWAY A1A, SUITE 3A SATELLITE BEACH, FL 32937	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 8A
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Leslie J. Castaldi* 4/25/07 (321) 777-4449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #