

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000063496

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: LOCASTRO INSURANCE SERVICES, INC.

## Current Principal Place of Business:

100 VENICE AVE W  
STE K  
VENICE, FL 34285 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1802  
VENICE, FL 34284 US

## New Mailing Address:

FEI Number: 59-3392499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOCASTRO III, LEONARD  
100 VENICE AVE W  
SUITE K  
VENICE, FL 34285 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: LOCASTRO, LEONARD III  
Address: 287 LONDONDERRY DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete  
Name: LOCASTRO, LENNY IV  
Address: 4651 73RD ST EAST  
City-St-Zip: BRADENTON, FL 34203

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEONARD LOCASTRO IV

VP

04/14/2009

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

\_\_\_\_\_  
Date